



Medication Policy and Procedures

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National Quality Standard	Quality Area 2: Children’s Health and Safety; Quality Area 7: Governance and Leadership

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Policy Statement

The Heritage Early Childhood Centre (Heritage) Medication Policy has been developed to provide clear strategies and procedures to support the health, wellbeing and inclusion of all children attending the service who require the administration of medication on a regular, intermittent, or emergency basis. The administration of medication is considered a high-risk practice in early education and care services and as such, carries obligations for both educators and families. It requires attention to detail, meticulous record keeping, teamwork and common sense as incorrect administration has potential health and litigation risks.¹

Families place a high level of trust and responsibility on educators when administering medication to their children and must feel confident that the process is carried out responsibly. Educators who administer medication must have a Diploma Level qualification; be trained in the safe and hygienic administration of medication as part of their professional development; and hold current [ACECQA approved first aid qualifications](#) to ensure any adverse reaction to medication is dealt with quickly and responsibly. In turn, educators must feel protected against any possibility that instructions have been misunderstood. Families are expected to properly document their requirements and educators must ensure this has been done before any medication is administered. It is imperative that educators are told about any medications administered to the child by the family within the last **12 hours** prior to attending Heritage.

Heritage recognises it has a duty of care under the *Work Health and Safety Act (2011)*, and the Education and Care Services National Law and Regulations to provide a safe and inclusive environment for enrolled children and must take every reasonable precaution to protect enrolled children from harm and hazards likely to cause injury (National Law 167). Specifically, Heritage complies with Regulation 92 (Medication Record), Regulation 93 (Administration of Medication), Regulation 94 (Exception to Authorisation Requirement for Anaphylaxis or Asthma Emergency) and Regulation 95 (Procedure for Administration of Medication).

Prescribed medication will only be given to a child where signed authorisation has been provided and where the medication is administered and documented in accordance with legislation and the procedures in this policy. Authorisation may be given on the day via signed entry on the detailed Medication Form kept in the Medical Folder in each Room, or on enrolment for medical conditions as part of the child's Medical Condition Management Plan. In an emergency, authorisation may be given verbally by a parent/guardian/authorised person, a registered medical practitioner, or emergency services personnel. In an anaphylaxis or asthma emergency, medication may be administered without authorisation.

Heritage educators will not administer non-prescribed medication, including cough and cold remedies, unless advised to do so by a registered medical practitioner, with the exception of specific first aid remedies such as antihistamines and paracetamol, where signed authorisation has been given on the child's Enrolment Form. It is understood that paracetamol as a first aid remedy for a high temperature may mask the underlying cause and to minimise the risk, the discretion to administer paracetamol as a first aid remedy for a high temperature will be rarely used by the Director/Nominated Supervisor, such as when a parent/guardian/emergency contact cannot be reached or on the advice of a registered medical practitioner, or emergency services personnel. In line with our Exclusion Guidelines, children will be excluded from Heritage when they have received paracetamol for a fever within the last 24 hours.²

Non-prescribed topical creams and such as eczema cream and nappy rash cream provided by families may be applied according to the family's instructions where signed authorisation has been given on the Medication Form or child's Enrolment Form. Teething gel provided by families requires daily signed authorisation through the Medication Form in the child's Room to prevent over-use.

¹ National Health Medical Research Council, 2012; Staff Underperformance and Misconduct Policy and Procedures

² Refer to: Illness and Infectious Diseases Policy and Procedures



Policy Aims

The Heritage Medication Policy and Procedures have been developed to ensure:

- Heritage abides by its duty of care and legislative requirements to provide, as far as practicable, a safe, healthy and inclusive environment free from harm and hazard for all enrolled children while attending the Heritage service.
- Procedures are in place to ensure educators who administer medication hold Diploma level qualifications, have up to date ACECQA approved first aid certificates³ and are trained in and have knowledge of the safe and hygienic administration of medication.
- Procedures are in place for the safe and hygienic administration of medication when required on an intermittent or on-going basis to enrolled children, both on the premises and off-site activities including excursions.
- Procedures are in place to attend to the immediate needs of any child who becomes ill and requires emergency medication while attending Heritage or on an excursion.
- The responsibilities of management, educators and families for the safe administration of medication to enrolled children are clearly established.
- Procedures are in place to ensure accurate records, attention to detail and open communication between Heritage educators and families in relation to medication.
- Procedures are in place to ensure educators are aware they are accountable for the safe administration of medication.
- This policy is regularly reviewed to ensure it is up to date with all legislative requirements, quality standards and best practice guidelines for the safe administration of children.

Rationale and Legislative Background

Heritage recognises it has a duty of care to take all reasonably practicable steps to provide the Heritage community with a safe and healthy physical and psychological environment that supports the emotional and physical wellbeing of all employees and children (*Work Health and Safety Act, 2011*). In addition, this policy has been developed to comply with:

- [Education and Care Services National Law Act \(ACT\) \(2010\)](#)
- [Education and Care Services National Regulations \(2011\)](#)
- [Education and Care Services National Amendment Regulations \(2022\)](#)
- [National Quality Standard for ECEC \(2012\)](#)
- National Health and Medical Research Council guidelines

Relevant Education and Care National Law	
S 165	Offence to inadequately supervise children
S 167	Offence relating to protection of children from harm and hazards
S 175	Offence relating to requirement to keep enrolment and other documents
Relevant Education and Care National Regulations	
R 12	Meaning of a serious incident
R 85	Incident, injury, trauma and illness policies and procedures
R 86	Notification to parents of incident, injury, trauma and illness
R 87	Incident, Injury, trauma, and illness record
R 89	Suitably equipped first aid kits
R 90	Medical Conditions Policy
R 91	Medical Conditions Policy to be provided to parents
R 92	Medication Record
R 93	Administration of Medication Medication is not administered to a child being educated and cared for by the service unless: (a) that administration is authorised; and (b) the medication is administered in accordance with regulation 95
R 94	Exception to authorisation requirement – anaphylaxis/asthma emergency
R 95	Procedure for the administration of Medication If medication is administered to a child being educated and cared for by an education and care service (a) the medication must be administered:

³ Refer to: First Aid for Injury, Trauma and Illness Policy and Procedures



	<p>(i) if prescribed by a registered medical practitioner, from its original container, bearing the original label with the name of the child to whom the medication is to be administered, and before the expiry or use by date; or</p> <p>(ii) from its original container, bearing the original label and instructions and before the expiry or use by date; and</p> <p>(b) the medication must be administered in accordance with any instructions:</p> <p>(i) attached to the medication; or</p> <p>(ii) any written/verbal instructions provided by a registered medical practitioner; and</p> <p>(c) except in the case of an education and care service that is permitted to have only 1 educator to educate and care for children, the following must be checked by a person other than the person administering the medication:</p> <p>(i) the dosage of the medication to be administered;</p> <p>(ii) the identity of the child to whom the medication is to be administered.</p>
R 136	First aid qualifications
R 160	<p>Child enrolment records to be kept</p> <p>(b) The name, address and contact details of:</p> <p>(iv) any person who is authorised to consent to medical treatment of, or to authorise administration of medication to, the child.</p>
R 161	Authorisations to be kept in enrolment record
R 162	Health information to be kept in enrolment record:
R 168	<p>Education and care service must have policies and procedures including:</p> <p>(a) health and safety, including matters relating to:</p> <p>(iv) the administration of first aid;</p> <p>(b) incident, injury, trauma and illness procedures complying with r85;</p> <p>(c) dealing with infectious diseases, including procedures complying with r88;</p> <p>(d) dealing with medical conditions, including the matters set out in r90;</p> <p>(h) providing a child safe environment;</p>
R 170	Policies and procedures to be followed
R 171	Policies and procedures to be kept available
R 172	Notification of change to policies or procedures
R 173	<p>Prescribed Information to be displayed:</p> <p>(i) notice stating that a child who has been diagnosed as at risk of anaphylaxis is enrolled at the service.</p>
R 176	Time to notify Regulatory Authority
R 177	Prescribed enrolment and other documents to be kept
R 181	Confidentiality of records to be kept
R 183	Storage of records and other documents
Relevant National Quality Standards	
QA 2	<p>Children’s Health and Safety</p> <p>Standard 2.1. Health.</p> <p>Element 2.1.2. Health Practices and Procedures. Effective illness and injury management and hygiene practices are promoted and implemented.</p> <p>Standard 2.2. Safety.</p> <p>Element 2.2.1 Supervision. At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.</p> <p>Element 2.2.2. Incident and emergency management. Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practised and implemented.</p>
QA 7	<p>Governance and Leadership</p> <p>7.1.2 Management Systems: Systems are in place to manage risk and enable the effective management and operation of a quality service.</p> <p>7.1.3 Roles and Responsibilities: Are clearly defined, and understood, and support effective decision making and operation of the service.</p>



Scope

This policy covers the administration of both prescribed and non-prescribed medication at the Heritage service, including at offsite excursions and activities. It is understood that there is a shared responsibility and accountability between Heritage management, educators and enrolled families to implement the Medication Policy and Procedures as a matter of high priority due to the potential health and litigation risks of incorrect administration.

Definitions

Medical Condition: A diagnosed medical condition such as asthma, diabetes, epilepsy, ADHD or Down Syndrome⁴; or a diagnosed allergy, such as bee stings or hay fever or a food allergy such as nut anaphylaxis or lactose intolerance.⁵

Medical Practitioner: A person registered and licensed to practice medicine under a State or Territory law that provides for the registration or licensing of Medical Practitioners.

Prescribed Medication: Prescribed medication is defined for this policy as: “Authorised by a health care professional and dispensed by a pharmacist with a printed label, which includes the child’s name, dosage and expiry date”. Examples include antibiotics and Ventolin.

Non-prescribed Medication: All medication that does not meet the above criteria for prescribed medication is defined as non-prescribed, including over-the-counter first aid cough and cold remedies, paracetamol, antihistamine, vitamins and homeopathic/herbal treatments.

Topical Creams, Lotions and Ointments: A type of medication, prescribed or non-prescribed, that is applied to a particular place on the body such as the skin. For the purpose of this policy, it includes eczema cream, nappy cream, sunscreen lotion and teething gel.

Medical Condition Management Plan: A document that has been prepared by families and signed by their child’s Medical Practitioner that describes signs, symptoms and causes of the child’s medical condition, and gives clear instructions on action, treatment and signed medication authorisations. It includes the child’s name and photograph and may be displayed in rooms for the purposes of providing the best care for the child, with consent of the family.⁶

Medication Form: The Medication Form⁷ is kept in the Medical Folder in each room and meets the requirements of r92. It documents the details for each child to whom medication is to be administered by the service on that day. This includes the child’s name, signed authorisation to administer medication and a record of the medication administered, including time, date, dosage, manner of administration, any spill or refusal, and the name and signature of the person administering the medication and of the person checking the medication.

Supervisory Neglect: A form of neglect whereby inadequate supervision leads to or has the potential to lead to harm to the child and may lead to a finding of Reportable Conduct or Misconduct and disciplinary action.

Summary of Key Roles and Responsibilities

Role	Responsible for ensuring:
Management Committee	<ul style="list-style-type: none"> A Medication Policy and Procedures document is in place, up to date, and easily accessible to families and educators at all times. There is a process to ensure service policies and procedures are regularly updated to reflect current legislative requirements, government guidelines and best practice recommendations from recognised authorities.⁸ This policy clearly defines the roles and responsibilities of the Nominated Supervisor, educators, families, and others in the Heritage community. The cost of training educators to support children with medical conditions is met by the Committee as agreed on enrolment or subsequent diagnosis. Reasonable steps are taken to ensure this policy and procedures are followed.

⁴ Refer to: Medical Conditions Policy; Asthma Policy, Diabetes (Type 1) Policy; Epilepsy Policy; Creating Inclusion and Equity Policy

⁵ Refer to: Allergy and Anaphylaxis (including Nut Free) Policy

⁶ Refer to: Medical Conditions Policy and Procedures

⁷ Refer to: Appendix 1: Medication Form; ACECQA [Medication Form Template](#)

⁸ Refer to: Policy Development and Review Policy and Procedures



Director/ Nominated Supervisor	<ul style="list-style-type: none"> • They work with the Management Committee to regularly review this policy and develop related procedures that are up to date with legislative requirements and reflect education and care best practice guidelines. • Educators and families are encouraged to be involved in the policy and procedures review process. • Ease of access to this policy and procedures is provided including through Policy Folders and the Heritage website and summarised in the Family and Educator Handbooks. • Families are notified at least 14 days before changing this policy or procedures if the changes impact the service’s education and care of children, fees charged or the ability of families to utilise the service. • All qualified Heritage educators have current ACECQA approved first aid qualifications (exceeding r136). • Medication is stored safely and not accessible to children. • Robust induction procedures are in place for families, educators, students, and regular volunteers to ensure the implementation of the practices and procedures outlined in this policy for the safe administration of medication. • The procedures in this policy are regularly discussed at staff meetings and feedback is sought regarding any issues/concerns in relation to a child’s medical condition or medication. • Each child’s Enrolment Form provides details of the name, address and telephone number of any person who has lawful authority to request and permit the administration of medication to the child (r160). • Medication is not administered to a child being educated and cared for at Heritage unless it is authorised and administered in accordance with this policy and r95. • A qualified educator and witness (may be another educator or the child’s parent/guardian) must be present to administer medication to a child, and the following checked by the educator not administering the medication: <ul style="list-style-type: none"> ○ the dosage of the medication to be administered. ○ the identity of the child to whom the medication is to be administered. • The Medication Form (Appendix 1) meets the requirements set out in Regulation 92 for a medication record and is available at all times. • Parents/guardians are given written notice as soon as practicable if medication has been administered in an emergency and where authorisation has been given verbally (r93). • Two staff members, one of whom must be an educator with current, approved first aid qualifications, are present when verbal permission to administer medication is received, and detailed on the Medication Form. • 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 (r94). • All families of children with diagnosed medical conditions complete a Medical Condition Management including authorisations and instructions for any on-going medications or medications for use in a related emergency. • Medical Condition Management Plans are displayed in rooms where necessary to provide the best possible care of the child’s health, and consent is obtained from families and recorded.⁹ • All new educators, staff, volunteers, and students are informed about the location of each child’s Medical Condition Management Plan and their medication as part of their induction. • All families complete the authorisation to give first aid treatments on the Enrolment Form. • Families are informed that paracetamol will be kept in the First Aid Kit in the Main Office for use at the discretion of the Director/Nominated Supervisor where authorisation for paracetamol as a first aid remedy has
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⁹ Refer to: Medical Conditions Policy and Procedures; Privacy and Confidentiality Policy and Procedures



	<p>been given on the child’s Enrolment Form, and for emergency use when advised by a medical practitioner or emergency service personnel.</p> <ul style="list-style-type: none"> • Parents/guardians are informed that paracetamol supplied by families will only be administered if accompanied by a medical practitioner’s letter stating the reason for administering, the dosage, and duration of the administration. • Enrolment Forms and Medical Condition Management Plans are updated as soon as practicable when parents provide updated information. • Parents/guardians are informed as soon as practicable if an incident occurs where their child was administered the incorrect medication or incorrect dose as prescribed in the medication record, educators forgot to administer the medication, or the medication was administered at the wrong time. • Medication records are kept and stored securely until the end of 3 years after the last date on which the child was enrolled at the service (r183).
<p>Educators</p>	<ul style="list-style-type: none"> • Medication is stored securely and never in children’s bags (out of children’s reach and in a sealed, labelled container), at the recommended temperature (e.g., in fridge, insulated bag or authorised medical cabinet). • Children with diagnosed medical conditions are monitored for signs and symptoms of the condition and all instructions in their Medical Condition Management Plan are followed. • Regular communication with families of children with diagnosed medical conditions regarding their children’s health and informing the Room Leader/Director of any changes in their condition or treatment. • Parents are advised if their child’s medication needs to be replenished. • Regular communication with parents/guardians about the procedures in this policy and their responsibilities regarding administration of medication. • Parents/guardians are informed about the Medication Form procedures and the form is available for parents/guardians during operational hours. • All details in the Medication Form have been completed by parents/guardians/authorised persons prior to administering medication. • Verbal authorisation is obtained for the administration of medication from the child’s parents/guardians/authorised person (as per the child’s enrolment form), or a registered medical practitioner/medical emergency services personnel when an authorised person cannot reasonably be contacted in an emergency (r93). • Where an authorised person has provided verbal authorisation in an emergency but has not confirmed the authorisation in writing, this is noted on the Medication Form. • Two staff members, one of whom must be an educator with up to date first aid qualifications, are present when verbal permission to administer medication is received, and the details of the verbal authorisation are completed on the Medication Form. • Ensuring that verbal permission is followed up with a written authorisation as soon as is practicable. • Medication is administered in accordance with r95 and the procedures in this policy that reflect the six rights of safe medication administration. • A qualified educator and witness (may be another educator or the child’s parent/guardian) must be present to administer medication to a child, and the following checked by the educator not administering the medication: <ul style="list-style-type: none"> ○ the dosage of the medication to be administered. ○ the identity of the child to whom the medication is to be administered. • Children are monitored following the administration of medication for any adverse reactions. • The Director is informed as soon as practicable where an incident occurs such as a child was administered the incorrect medication or incorrect dose as prescribed in the medication record, or at the incorrect time. • Medication that is accidentally dropped is not administered or returned to the original container, and the Director is informed as soon as practicable.



	<ul style="list-style-type: none"> • Parents/guardians take all medication home at the end of each session/day. • Each child’s needs and medication requirements are taken into account when planning indoor and outdoor experiences and on excursions.
<p>Families</p>	<ul style="list-style-type: none"> • Being familiar with this policy and related procedures and reading the Family Handbook, available in the Members Area of the Heritage website. • Their child’s enrolment details are up to date including persons authorised to request/permit the administration of medication. • The Director is notified on enrolment of their child’s long-term medical conditions, and a Medical Condition Management Plan is completed, including authorisations for any medication required. • The Director is verbally notified of changes in the management of their child’s medical condition/medication as soon as possible and immediately provided with an updated Medical Condition Management Plan. • Authorisations are provided on enrolment to allow educators to administer first aid remedies such as paracetamol, antihistamines, insect spray etc. at the discretion of the Room Leader in consultation with the Director. • It is understood that educators will not administer non-prescribed medication unless advised by a registered medical practitioner, except for specific first aid remedies authorised on the Enrolment Form. • Medications to be administered at the service are provided in their original container with the label intact, bearing the child’s name, dosage, instructions and the expiry date (r95). • Medications to be administered at the service are within their expiry date. • Any medication is handed to a staff member and appropriate storage and administration instructions are provided. • No medication products are left in their child’s bag. • The service has adequate supplies of each child’s medication. • The Medication Form is accurately completed as required. • The privacy of each child’s health information on display in relevant rooms is respected. • Their child’s prescribed medication is clearly labelled with prescribed information (dosage etc), is in its original packaging, and includes their child’s name and date of issue. • It is understood that Heritage reserves the right to contact a healthcare professional if unsure about administering medication to a child. • It is understood that ultimately the safety and welfare of children is given first priority by Heritage educators when administering medication, and if there is any doubt, medication will not be administered. • It is understood that Heritage educators will ask families not to bring their child if they wish them to receive non-prescribed medication throughout the day such as paracetamol or cough medicines at regular intervals. • For non-prescribed first medicine, such as eczema cream, their child’s name will be clearly printed and attached (stickers can be found in the medicine cupboard in each room). • Written advice from registered complimentary practitioner is provided if vitamins or homeopathic/herbal treatments are to be administered. • Advising educators verbally/in writing on arrival of symptoms requiring administration of the child’s medication related to their medical condition in the past 48 hours and the cause of symptoms if known. • Educators are informed verbally/in writing on arrival of intermittent medications, including paracetamol, that have been administered to the child up to 12 hours prior to attendance, such as before arriving or the night before, and if the administration of that medication is relevant to or may affect the care provided to the child at the service. • They understand that children are excluded from Heritage if they have received paracetamol for a fever in the last 24 hours.



	<ul style="list-style-type: none"> • They understand that children are excluded from Heritage for the first 24 hours after commencing a course of antibiotics. Note: If a repeat course of an antibiotic is required, or a different antibiotic, the child is not excluded, providing they are coping with the daily routine. • The full course of medication is completed even when symptoms disappear, e.g., antibiotics or eye cream/drops. • They understand the Director or Responsible Person in Charge has the final say as to whether or not a child is well enough to attend.¹⁰ • Informing the Room Leader/Nominated Supervisor of any issues that impact on the implementation of this policy by Heritage.
<p>Students and Regular Family Volunteers</p>	<ul style="list-style-type: none"> • This policy and procedures are followed while they are at the service. • The Relief Educator Handbook is read and signed during their induction. • Any instructions given by educators in relation to this policy are followed. • Any issues or hazards identified in relation to this policy and procedures are reported to the Nominated Supervisor/Room Leader as soon as practicable.

Strategies and Procedures

Core Principles

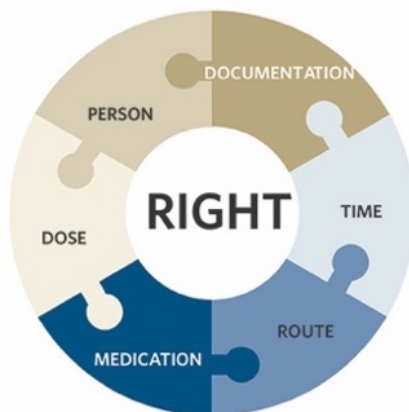
The Heritage Medication Policy reflects the following core principles for the safe administration of medication to children while attending Heritage.

- Licensing and legislative requirements are followed.
- Safe administration principles and practices are followed (see below).
- Practices are hygienic.
- An acute attention to detail.
- The maintenance of accurate records.
- Educators have up to date professional knowledge of administering techniques.
- Educators have up to date approved first aid qualifications.
- Adherence to any recommended advice and practices from a qualified medical source.
- Open communication between management, educators, families and children.
- Accountability of educators when administering medication.

The Six Rights of Medication Administration

The 'Six Rights' of administration will be adhered to at all times. They are ensuring the right:

1. Child
2. Medication, within the expiry date
3. Dose
4. Date/Time
5. Method/Route
6. Documentation



¹⁰ Refer to: Illness and Infectious Diseases Policy and Procedures



Authorisation to Administer Medication

Signed Authorisation

- Heritage educators understand that gaining authorisation to administer medication is vital to ensure a child does not have any allergies to any medication being administered.
- Medication may only be given to a child where authorisation has been provided in accordance with the following:
 - Medication, including prescription and non-prescription medication, will not be administered to a child at Heritage without **signed authorisation** by a parent/guardian or authorised person, such as an emergency contact on the child's Enrolment Form.
 - Medication prescribed outside of Australia will not be administered without **written approval from an Australian medical practitioner** that includes instructions for administering the medication.
- Authorisation may be given via:
 - Signed authorisation on the child's **Medical Condition Management Plan** for prescribed medication for diagnosed medical conditions.¹¹
 - Signed consent on the child's **Enrolment Form** for specific first aid treatments such as paracetamol, antihistamines, Ventolin, antiseptic cream, nappy rash cream, eczema cream.
 - Signed entry on the **Medication Book Form** (Attachment 1) in the Medical Folder in each Room for intermittent prescribed medication.
 - **Note:** Teething gel must also be authorised daily through the Medication Form to prevent over-use.
 - **Note:** When children graduate to another room, parents/guardians will be asked if there are any changes to the authorisations on their child's Enrolment Form or Medical Condition Management Plan, where relevant.

Procedure for Completing the Medication Book

The entry must include the following details (Regulation 92):

- Child's name who requires the medication.
- Child's parent/guardian/emergency contact signature
- Name of medication.
- Dose required.
- Method of administration required, eg, oral, eye, ear, inhaled.
- Date and time the medication was last administered.
- Date and time, or circumstances under which the medication should be next administered.
- Expiry date of medication.
- Any special instructions, eg, an hour before a meal.
- Any allergy information.
- Additional information that has been exchanged between families and educators over the phone or in person.
- Signature of the educator administering the medication.
- Signature of the witness who checked the dosage and the child's name/identity.

Procedure for Verbal Authorisation in an Emergency

In the case of an emergency, it is acceptable to obtain verbal consent from a parent/guardian/emergency contact, or a registered medical practitioner or medical emergency service if the child's parent/guardian/emergency contact cannot be contacted.

- Two staff members, one of whom must be an educator with up to date first aid qualifications, must be present when verbal permission to administer medication is received, and the details of this verbal authorisation completed in the Medication Form.
- Verbal permission must be followed up with written authorisation as soon as is practicable.
- Educators must ensure 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 (Regulation 93).
- In the case of an anaphylaxis or asthma emergency, medication may be administered to a child without authorisation. In this circumstance, the child's parent and emergency services must be contacted as soon as possible. (Regulation 94).

¹¹ Refer to: Section on Medication for Medical Conditions; Medical Conditions Policy



Assessing the Need for Administering Medication

Overarching Procedure

Before administering medication, educators must assess:

1. Has correct authorisation been provided?
2. Is prescribed medication in its' original container, with the original label clearly showing the name of the child?
3. Have all the instructions on the Medication Form been completed and are they consistent with the medical practitioner's instructions and the prescription label?
4. Is the medication suitable or recommended for children?
5. Is the medication suitable for the child's age/weight?
6. Is the medication appropriate for the symptoms?
7. Is the expiry date current?
8. When was the last dose administered to the child?
9. Is the child taking a safe combination of medicines?

If in any doubt regarding these questions or parental instructions, educators must:

- Ask the child's parent/guardian to get a written authorisation from the child's medical practitioner.
- If they cannot be contacted, and information is required urgently, call a doctor, pharmacist or Health First: Ph: 6207 7777.

Heritage reserves the right to contact a health care professional if unsure about administering medication to a child, even where a parent/guardian has authorised the medication.

Ultimately the safety and welfare of children is given first priority
by Heritage educators when administering medication

If there is any doubt, medication will not be administered.

Expiry Date Check

- Educators must check any medication, cream or lotion kept on the premises for expiry date before administration.
- Every three months any medication, cream or lotion kept on the premises in First Aid Kits must be checked for expiry by Parasol Ltd during the WHS First Aid Check.¹²

Medical Condition Management¹³

The Director must:

- Ensure Medical Condition Management Plans are displayed in relevant rooms where necessary to provide the best possible care of the child's health and where consent to display this information has been obtained from families and recorded.¹⁴

Educators must:

- Follow the instructions on the child's Medical Condition Management Plan when assessing the need to administer Medication.
- For additional intermittent medication not outlined in the child's plan, ensure instructions are provided by parents/guardians on the Medication Form in each Room and followed.

Families must:

- Ensure their child's Medical Condition Management Plan is kept up to date and inform Heritage management immediately of any changes, including to the dosage and frequency of any medication required to manage their child's medical condition while at Heritage.
- Provide adequate supplies of their child's medication.
- Ensure educators are advised verbally or in writing on arrival at Heritage of symptoms experienced by their child requiring medication in the past **48 hours**, and the cause of the symptoms, if known.

¹² Refer to: Work Health and Safety Policy and Procedures

¹³ Refer to: Medical Conditions Policy and Procedures

¹⁴ Refer to: Privacy and Confidentiality Policy and Procedures



Prescribed Medication

Educators must:

- Ensure prescription medication is administered from its original container, bearing the original label with the name of the child to whom the medication is to be administered, and prescribed information (dosage etc) and date of issue/expiry (r 95).
- **Ensure medication that does not bear the child's name will NOT be given.**

Prescribed Medication for an Infectious Illness or Disease

Educators must:

- Prior to administering prescribed medication for an infectious illness or disease, consider the type of medication and assess **whether the child should be excluded from Heritage**. For example, a child must be excluded from Heritage:
 - While on anti-diarrhoea medication, such as Flagyl for Giardia.
 - For **24 hours** from when the child commenced a course of antibiotics.
 - For **24 hours** from receiving paracetamol for a fever.
- Where families request that a child attends/remains at Heritage, respectfully communicate, and refer to the Heritage Exclusion Guidelines.
- **Note:** In some cases, children can return after an infectious disease/illness where medication is still being administered, e.g., a child can attend Heritage with impetigo if the sores are not weeping, and an antibiotic has been administered for more than 24 hours.
- **Note:** Taking prescribed antibiotics for more than 24 hours does not automatically ensure a child is well enough to resume attendance.
- **Heritage reserves the right to ask families to collect their child where it is deemed by the Room Leader, in consultation with the Director, the child is not coping/well enough to join in activities and needs one on one care/supervision, and may override the minimum exclusion periods/a Doctor's Certificate permitting attendance.¹⁵**

Non-Prescribed Medication and First Aid Remedies, including Paracetamol

Educators must ensure:

- Non-prescribed medication, including cough/cold remedies, are not administered unless advised to do so in writing by a registered medical practitioner, and multiple medications have been acknowledged by a medical practitioner in writing where relevant, with the exception of specific first aid remedies listed on the Enrolment Form such as paracetamol and antihistamines, and where authorization has been given on the Enrolment Form.
- To safeguard against the over-use, paracetamol supplied by families is only administered if it is accompanied by a medical practitioner's letter stating the reason for administering, the dosage and duration it is to be administered for.

Educators will ask families not to send their child to Heritage if they wish their child to receive non-prescribed medication at regular intervals throughout the day such as paracetamol or cough/cold medicines.

- Paracetamol in the First Aid Kit in the Main Office is only used at the discretion of the Director/Room Leader where signed authorisation has been given on the child's Enrolment form (e.g., where a parent/guardian/emergency contact is not contactable or for emergency purposes on the advice of a medical practitioner/emergency services personnel).
- Ibuprofen and Aspirin will **never** be administered to children at Heritage.
 - Ibuprofen is relatively safe but must not be given to asthmatic or vomiting children.
 - Aspirin should not be given to children. It can cause stomach upsets, gastric bleeding, and is associated with a rare but potentially fatal condition called Reye syndrome.
- Non-prescribed topical creams and lotions such as eczema cream and nappy rash cream provided by families is applied according to the family's instructions where signed authorisation has been given on the Medication Form or child's Enrolment Form.
- Topical creams and lotions containing nut oils are not administered.¹⁶
- Teething gel provided by families is only administered where daily signed authorisation has been given through the Medication Form in the child's Room to prevent over-use.

¹⁵ Refer to: Illness and Infectious Diseases Policy and Procedures

¹⁶ Refer to: Allergy and Anaphylaxis (including Nut Free) Policy



- Written advice from a medical practitioner/registered complimentary practitioner is provided by parents/guardians before vitamins/homeopathic/herbal preparations will be administered.
- All non-prescribed medication is administered from its original container, bearing the original label and instructions and before the expiry or use by date.
- Parents/guardians attach a name label and print the child's name clearly for non-prescribed medication supplied by families such as eczema cream or nappy cream. (Stickers are available in the medicine cupboard in each room).
- Expiry dates for topical creams, lotions and ointments supplied by families are noted and families are reminded a month before they are due to expire.

Any exceptions to the above administration requirements must be discussed and agreed with the Director/Nominated Supervisor

Paracetamol for a Rising Temperature

Educators must:

- In the event of a child experiencing a rising temperature while at the service, follow the medication administration guidelines in the Illness and Infectious Diseases Policy.
- When a child registers a temperature of **over 37.5 Degrees Celsius**, notify the family immediately and asked to organise collection of the child as soon as possible (within 1 hour and preferably 30 minutes).
 - Fever in children is often caused by a virus and rest may be appropriate, however a visit to the doctor may be required if the cause is more serious. **Refer the family to:** Health Direct Factsheet: Fever in Children: When should I take my child to see a doctor? <https://www.healthdirect.gov.au/fever-and-high-temperature-in-children-causes>
- While waiting for the child to be collected:
 - Reduce the child's fever and discomfort by removing excess clothing, offering fluids, encouraging the child to rest, and providing a damp cloth for the child's forehead etc.
 - Monitor for other symptoms, maintain supervision at all times and keep the child separated from children who are well.¹⁷
- **Ensure paracetamol is not administered unless:**
 - Authorisation has been given by a parent/guardian via the child's enrolment form; AND
 - The child has a high fever when measured with a thermometer ($\geq 38^{\circ}\text{C}$); AND
 - The child is visibly uncomfortable, AND
 - The child does not have any allergies to the medication being administered; AND
 - The educators have read the label and follows the instructions carefully to ensure the dose is appropriate for the child's weight.
 - The Director/Nominated Supervisor has agreed to the administration of paracetamol.
- Ensure it is understood that:
 - To minimise risk, the discretion to administer paracetamol as a first aid remedy for a high temperature will be rarely used by the Director/Nominated Supervisor. Examples include when a parent/guardian cannot be contacted to collect a child or advice has been received from a registered medical practitioner, or emergency services personnel, such as prior to an ambulance arriving.
 - It is more important to focus attention on the way the child looks, behaves, their level of alertness and whether there are any other symptoms that indicate serious infection, such as vomiting, coughing or convulsions (NHMRC, 2012).
 - Paracetamol as a first aid remedy (to temporarily reduce a high temperature and make the child feel more comfortable) may mask the underlying cause.
 - Most children tolerate low grade fever well and do not usually need paracetamol for a low-grade fever as fever is a positive response in helping the body fight infection (Sydney Children's Hospital, 2013).
 - Some studies show that giving medication to reduce a fever may slow down the body's immune response to infection (NHMRC, 2012).

¹⁷ Refer to: Illness and Infectious Diseases Policy and Procedures



- Paracetamol has not been proven to reduce the incidence of febrile convulsions (Sydney Children's Hospital, 2013).

Immunisation Symptoms

- Heritage recognises that side effects are common following immunisation, such as redness and swelling at the site of the injection, mild fever and being unsettled.
- Heritage recommends that parents have children immunised at the end of the day or keep children, particularly babies, at home following immunisations early in the day.¹⁸

Educators must:

- If families request their child returns to Heritage following an immunisation on medication such as paracetamol, educators must respectfully communicate with them and refer them to the procedures in this policy for paracetamol (see above), and the Illness and Infectious Diseases Policy.

Managing Multiple Medications

Educators must:

- If children are being given multiple medications, and educators are concerned, respectfully communicate with the family, and ask for a written letter from their medical practitioner confirming that it is a safe combination of medicines.
- Ensure parents/guardians are aware they are required to inform room educators about any medication (including paracetamol or any other over the counter medication such as cold/flu remedies or decongestants) administered to their child within the last **12 hours** prior to their attendance at the service.¹⁹
- Ensure parents/guardians of children with diagnosed medical conditions are aware they are required to inform educators verbally or in writing on arrival at Heritage of symptoms experienced by their child requiring medication in the past **48 hours**, and the cause of the symptoms, if known.²⁰

Prolonged Use of Medication

Educators must:

- If concerned that a child is over-using using prescription medication, ask parents/guardians to get written confirmation from their medical practitioner that the medicine is necessary. (For example, in recent years there has been much concern about the overuse and inappropriate use of antibiotics to treat colds and viruses).
- Understand this does not apply if the child's medical certificate/Medical Condition Plan states that the medicine must be used on a long-term basis (e.g. Asthma Plan states the child must use an inhaler on a daily basis).
- For non-prescribed medication, after 5 days, ask parent/guardians to seek further advice from their medical practitioner to confirm the medication needs to be continued.

¹⁸ Refer to: Immunisation Policy and Procedures

¹⁹ Refer to: Illness and Infectious Diseases Policy and Procedures

²⁰ Medical Conditions Policy and Procedures



Summary of Procedures for Administering Medication Safely to a Child

General Safety Procedures	
<ul style="list-style-type: none"> If educators have any doubt regarding the administration of medication or the interpretation of parental instructions, they must contact the child’s parent/guardian. If still in doubt, they must ask for a written authorisation from the child’s medical practitioner. If a parent/guardian cannot be contacted, and information is required urgently, educators will call a doctor, pharmacist or Health First on (02) 6207 7777. Heritage reserves the right to contact a health care professional if educators are unsure about administering medication to a child, even where a parent/guardian has requested the medication be administered. Ultimately the safety and welfare of children is given first priority by Heritage educators when administering medication. <p style="text-align: center;">If there is any doubt, medication will not be administered</p>	
Step	Procedure
<p>Step 1:</p> <p>Ensure Safe Storage and Disposal of Medication</p>	<p><u>Families must:</u></p> <ul style="list-style-type: none"> Hand medication to an educator on arrival for safe storage by educators and never left in their child’s bag. For non-prescribed medication such as nappy rash cream or eczema cream, families must attach a name label and print the child’s name clearly prior to handing the medication to an educator. Stickers are in the medicine cupboard in each room. Ensure daily signed authorisation is provided on the Medication Form for teething gel to prevent over-use. <p><u>Educators must ensure:</u></p> <ul style="list-style-type: none"> Medication is stored securely, out of children’s reach and in a sealed, labelled container. Medication is stored at the recommended temperature (fridge or allocated medicines cabinet in the kitchen areas of each room). Adrenaline auto-injection kits are stored in an insulated bag to avoid fluctuating temperatures and never in the fridge as temperatures below 15°C may damage the mechanism. Used adrenaline auto-injection devices are placed in a container, labelled clearly with the time it was given and then handed over to the ambulance crew.²¹ Safe disposal of disposable sharp instruments in a rigid sharps container and put in an appropriate Biohazard container.²² <p><u>The Director/Nominated Supervisor must ensure:</u></p> <ul style="list-style-type: none"> Safe disposal of any unused/out of date medications by returning them to a Pharmacist.
<p>Step 2:</p> <p>Ensure Open Communication and Complete Medication Form</p>	<ul style="list-style-type: none"> Communication between educators and families about the administration of medication to enrolled children must be mainly through the Medication Form. After handing medication to an educator for safe storage (above), families must record details of the medication to be administered to their child on the Medication Form in the Room and sign the entry as required. Information may be exchanged verbally in person and/or on the phone however this information must also be documented in the Medication Form.

²¹ Refer to: Allergy and Anaphylaxis (including Nut Free) Policy and Procedures

²² Refer to: Dangerous Products Policy and Procedures; Illness and Infectious Diseases Policy and Procedures



<p>Step 3:</p> <p>Qualified Educator and a Witness Administer Medication using Core Principles</p>	<p><u>The Room Leader (or Diploma Qualified Educator) must ensure:</u></p> <ul style="list-style-type: none"> • They wash their hands and maintain a hygienic environment before/after medication is administered.²³ • All required equipment is hygienic. <ul style="list-style-type: none"> ○ If a child stores a duplicate Asthma Medication Kit at Heritage and uses the reliever puffer and spacer/mask, educators must ensure the kit is washed once a month. ○ Where the single use puffer and spacer from the Emergency Asthma Kit are used by a child, they become the property of the child's family. The family is responsible for promptly replacing the items used.²⁴ • They verify the Medication Form entry has been completed as required and resolve any discrepancy with the child's parent/guardian before medication is administered. • Prescription medication is administered from its original container, bearing the original label with the name of the child to whom the medication is to be administered, and prescribed information (dosage etc) and date of issue/expiry (r 95). • Prescribed medication that does not bear the child's name is not given. • Non-prescribed medicine supplied by families such as eczema or nappy rash cream, is administered from in its original container, bearing the original label and instructions and before expiry or use by date. • Teething gel is authorised daily on the Medication Form to prevent over-use. • Medication is administered in accordance with any instructions attached to the medication and any written or verbal instructions provided by a registered medical practitioner. • The Six Rights²⁵ of medication administration are adhered to at all times. They are the correct: <ul style="list-style-type: none"> ○ Child ○ Medication, within expiry date ○ Dose ○ Date and time ○ Method ○ Documentation • They assess the following: <ul style="list-style-type: none"> ○ Has correct authorisation been provided? ○ Is the medication suitable or recommended for children? ○ Is the medication suitable for the child's age/weight? ○ Is the medication appropriate for the symptoms? ○ Is the expiry date current? ○ When was the last dose administered to the child? ○ Is the child taking a safe combination of medicines? • They cross check with a witness before administration. The witness may be another qualified educator or parent/guardian when administering medication to children, and the witness must also sign the Medication Form to ensure: <ul style="list-style-type: none"> ○ Dosage of the medication to be administered is correct. ○ Identity of the child to whom the medication is to be administered is correct. • Any medication that is accidentally dropped is not administered to a child or returned to the original container, and that parents/guardians are informed as soon as practicable.
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²³ Refer to: Hygiene and Infection Control Policy; First Aid for Injury, Trauma and Illness Policy; Asthma Policy

²⁴ Refer to: Asthma Policy and Procedures

²⁵ Refer to: Section on Core Principles



	<ul style="list-style-type: none"> • They inform parents/guardians as soon as practicable if an incident occurs where their child was administered the incorrect medication or incorrect dose as prescribed in the medication record, educators forgot to administer the medication, or the medication was administered at the wrong time.
<p>Step 4:</p> <p>Educators Complete Medication Form after Administration</p>	<p><u>Educators must:</u></p> <ul style="list-style-type: none"> • Ensure the following information is recorded on the Medication Form (r92): <ul style="list-style-type: none"> ○ The dosage that was administered ○ The method by which the medication was administered, eg, oral, eye, ear, inhaled; ○ The time and date the medication was administered ○ The name and signature of the educator who administered the medication, and that of the witness who checked the dosage and child to whom medication was administered. • Ensure any other relevant information is recorded (eg, spill, reaction, refusal, incident, telephone call to parent/guardian/emergency contact). <p>Following Administration of Emergency Medication</p> <p><u>Educators must ensure:</u></p> <ul style="list-style-type: none"> • 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 (r 93). • A 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 (r94).
<p>Step 5:</p> <p>Educators Monitor the Child after Administration of Medication</p>	<p><u>Educators must:</u></p> <ul style="list-style-type: none"> • Monitor children after the administration of medication. • If they have an adverse reaction to medication, follow the first aid action plan for allergic reactions.²⁶

Note: Failure to safely administer medication may be deemed to be Supervisory Neglect²⁷ and lead to a finding of Reportable Conduct or Misconduct and disciplinary action.²⁸

²⁶ Refer to: First Aid for Injury, Trauma and Illness Policy; Allergy and Anaphylaxis Policy

²⁷ Refer to: Definitions

²⁸ Refer to: Complaints and Grievance Management Policy (Staff or non-Staff); Staff Underperformance and Misconduct Policy and Procedures; Reportable Conduct Policy and Procedures



Excursions

- Educators will adhere to this Medication Policy and Procedures on excursions to ensure medication is administered in a safe and hygienic way.
- A portable First Aid Kit will be taken on excursions and will be used to store medications and medical equipment.
- A cooler bag will be used for medications which need to be stored in a fridge and adrenaline auto-injection devices will be stored in an insulated bag.
- Emergency contact and medical information will be taken.²⁹

Training and Role Modelling

- All qualified Heritage educators will have up to date approved first aid qualifications (exceeding r132).
- Heritage will maintain and develop the skills of all permanent educators in relation to administering medication to children as part of its' Professional Development Program.³⁰
 - **Note:** Failure to safely administer medication may be deemed to be supervisory neglect and lead to a finding of Reportable Conduct or Misconduct and disciplinary action.³¹
- Children will be taught through the curriculum about health and safety. For example:
 - They will be taught not to touch medications and to tell an adult if they find some.
 - They will learn about conditions such as asthma and to tell an adult if they see a child is hurt or ill or having difficulty breathing.³²

Privacy and Confidentiality

- Heritage management and educators understand that health information collected about enrolled children under this policy is regarded as personal and sensitive information and must be treated as confidential, stored securely and disposed of appropriately.
- Medication Records will be stored securely until the end of 3 years after the last date on which the child was educated and cared for by the service (r183).
- Heritage will ensure that health information collected about enrolled children under this policy is not divulged or communicated, directly or indirectly, to another person other than:
 - To the extent necessary for the education and care or medical treatment of the child to whom the information relates; or
 - A parent of the child to whom the information relates, or
 - The Regulatory Authority or an authorised officer; or
 - As expressly authorised, permitted or required to be given by or under any Act or law; or
 - With the written consent of the person who provided the information.³³

Policy Evaluation and Review

In order to assess whether the aims of this policy have been achieved, the Director, in consultation with the Management Committee will:

- Regularly seek feedback from all those in the Heritage community affected by the policy regarding its effectiveness.
- Monitor the implementation, compliance, complaints/incidents in relation to this policy.
- Keep the policy up to date with current legislation, and relevant research and best practice.
- Revise the policy and procedures as part of the Heritage policy review cycle, or as required.
- Notify parents/guardians at least 14 days before making any change to this policy.

²⁹ Refer to: First Aid for Injury, Trauma and Illness Policy; Excursions and In-house Activities Policy

³⁰ Refer to: First Aid for Injury, Trauma and Illness Policy; Employment and Recruitment Policy

³¹ Refer to: Complaints and Grievance Management Policy (Staff or non-Staff); Staff Underperformance and Misconduct Policy and Procedures

³² Refer to: Curriculum and Program Planning Policy and Procedures

³³ Refer to: Privacy and Confidentiality Policy and Procedures



Related Policies and Procedures

Name of Policy and Procedures Document	Location
Allergy and Anaphylaxis (including Nut Free)	
Asthma	
Complaints and Grievance Management	Policy and Procedures Documents in Members Area of Heritage Website.
Creating Inclusion and Equity	
Curriculum and Program Planning	
Dangerous Products	
Diabetes (Type 1)	Policy and Procedures Manual in the Main Office, Staff Programming Room and Front Entrance.
Employment and Recruitment	
Epilepsy	
Excursions and In-house Extra Activities	
Emergency and Evacuation	Family Handbook and Educator/Relief Educator Handbooks
Enrolment and Graduating Rooms	
First Aid for Injury, Illness and Trauma	
Illness and Infectious Diseases	
Immunisation	
Medical Conditions	
Reportable Conduct	
Staff Underperformance and Misconduct	
Work Health and Safety	
Privacy and Confidentiality	

References and Further Reading

Australian Children's Education and Care Quality Authority (ACECQA). (2023). [Guide to the National Quality Framework.](#)

Australian Children's Education and Care Quality Authority (ACECQA). (2023). [First Aid Qualifications and Training.](#)

Community Early Learning Australia (CELA). (2021). *Sample Medication Administration Policy.*

National Health and Medical Research Council. (2013). [Staying Healthy: Preventing infectious diseases in early childhood education and care services. 5th edition.](#)

University Preschool and Childcare Centre. [2019]. [Medication Policy](#)

University of Melbourne Early Learning Centre. (2015). *Administration of Medication Policy.*

Useful Websites

[Centre for Community Child Health](#)

[HealthDirect](#)

[National Health and Medical Research Council](#)

[National Prescribing Service- \[www.nps.org.au\]\(http://www.nps.org.au\)](#)

[Raising Children Network](#)



Version Control and Change History

Version Number	Approval Date	Approved by	Author and Amendments
1	Sept 2001	Management Committee	
2	Jan 2007	Management Committee	
3	Nov 2009	Management Committee	Author: Julia Charters Complete rewrite of Heritage Medication Policy based on National Childcare Accreditation Council's Medication Policy Template and other references above. Revised Medication Form.
4	Nov 2013	Management Committee	Author: Julia Charters Updated 'Authorisation to Give Medications' section to reflect Education and Care Regulations, 2011. Updated 'Assessing the Need for Giving Medication for a Rising Temperature Guidelines' to reflect NHMRC guidelines, 2012. Added medication prescribed outside of Australia will not be administered without written approval from an Australian G.P. Updated hygiene practices for asthma kits and adrenaline. Added auto-injection kits to be stored in insulated bag. Added topical creams and lotions containing nut oils will not be administered.
5	13 Aug 2019	Management Committee	Author: Julia Charters Added Contents Page. Changed Panadol to paracetamol, and G.P. to medical practitioner in policy and Enrolment Form. Updated Medication Form to include information on spills, refusals, verbal authorisations. Updated procedures to reference the ECEC National Law and National Regulations: r92 (Medication Record); r93 (Administration of Medication), r94 (Exception to authorisation requirement-anaphylaxis or asthma emergency) r95 (Procedure for administration of medication). Updated procedures for non-prescribed medication, including cough and cold remedies - not administered unless advised to do so in writing by a registered medical practitioner, and multiple medications have been acknowledged by a medical practitioner in writing where relevant, with the exception of specific first aid remedies listed and authorised on the Enrolment Form. Added that educators will ask families not to send their child to Heritage if they wish their child to receive non-prescribed medication during the day such as paracetamol/cough medicines. Added that to safeguard against the over-use of paracetamol, Heritage will only administer paracetamol supplied by families where it is accompanied by a medical practitioner's letter stating the reason for administering, the dosage and duration it is to be administered for.



			<p>Added that paracetamol will be kept in the First Aid Kit in the Main Office and the discretion to administer paracetamol as a first aid remedy for a high temperature will be rarely used by the Director/Nominated Supervisor as it may mask the underlying cause, unless a parent/guardian/emergency contact cannot be contacted or where advised to do so by a registered medical practitioner, or emergency services personnel, such as prior to an ambulance arriving.</p> <p>Added parents/guardians are required to inform educators about any medication (including paracetamol or any other over the counter medication such as cold/flu remedies or decongestants) administered to their child within the last 12 hours prior to their attendance at the service.</p>
6	12 Sept 2023	Management Committee	<p>Author: Julia Charters</p> <p>Updated all references and links.</p> <p>Tabulated Rationale and Legislative Background.</p> <p>Added Supervisory Neglect to Definitions, and that failure to safely administer medication may be deemed to be Supervisory Neglect and lead to a finding of Reportable Conduct or Misconduct and disciplinary action.</p> <p>Added: In line with our Exclusion Guidelines, children will be excluded from Heritage when they have received paracetamol for a fever within the last 24 hours.</p> <p>Added link to Health Line Direct Factsheet on Fever in Children.</p> <p>Minor modifications to structure of sentences to reduce length without changing meaning.</p> <p>Minor additions to clarify procedures and roles - no change in procedures.</p>



Medication Form

- **Long term medication:** Parents/guardians must provide a letter from their medical practitioner and complete a **Medical Condition Management Plan**.
- **Prescribed medication:** Can only be administered from original container, bearing a pharmacy label with the child's name, instructions and expiry date.
- **Non-prescribed first aid medicines:** Can only be administered if authorised and from original container. Parents must attach a name sticker (in cupboard in each room).
- **Homeopathic, herbal or naturopathic remedies, or vitamins** must have a label bearing the child's name and instructions from a registered health professional.

Parents/Guardians to Complete

Child's First and Surname AND Age	Date	Medication and Method (oral/nasal)	Medication Expiry Date	Reason for Medication	Date/Time of Last Dose	Date and Time/s to be Given	Dose to be Given	Additional Information (take with meals, allergies, phone call, verbal authorisation etc)	Parent/Guardian/ Authorised Person - Name and Signature

Educators to Complete

Child's First and Surname	Date and Time/s Given	Dose Given	Method of Administration (eg oral/nasal)	Educator Name and Signature	Witness - Name and Signature	Other information (eg, spill, reaction, refusal, incident, verbal authorisation, phone call)