Queanbeyan and District Preschool Association

P2-12: Administration of Medication Policy

QDPA is committed to meeting each child's individual health care needs through effective medication management practices, clear communication, accurate documentation and appropriate risk management strategies. This policy provides guidance to families, educators, staff, management and the Approved Provider regarding their roles and responsibilities in relation to medication administration, storage, recording and monitoring.

NATIONAL QUALITY STANDARD (NQS)

QUALITY AREA 2: CHILDREN'S HEALTH AND SAFETY		
2.1.1	Wellbeing and comfort	Each child's wellbeing and comfort is provided for, including appropriate opportunities to meet each child's needs for sleep, rest, and relaxation.
2.1.2	Health practices and procedures	Effective illness and injury management and hygiene practices are promoted and implemented.
2.2	Safety	Each child is protected.
2.2.1	Supervision	At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.
2.2.2	Incident and emergency management	Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practiced and implemented.

EDUCATION AND CARE SERVICES NATIONAL LAW AND REGULATIONS	
Sec.167	Offence relating to protection of children from harm and hazards
12	Meaning of serious incident
85	Incident, injury, trauma and illness policy
86	Notification to parent of incident, injury, trauma or illness
90	Medical conditions policy
90 (1) (a)	The management of medical conditions, including asthma, diabetes, or a diagnosis that a child is at risk of anaphylaxis
91	Medical conditions policy to be provided to parents
92	Medication record

93	Administration of medication
94	Exception to authorisation requirement - anaphylaxis or asthma emergency
95	Procedure for administration of medication
136	First Aid qualifications
162(c) and (d)	Health information to be kept in enrolment record
168	Education and care service must have policies and procedures
170	Policies and procedures are to be followed
175	Prescribed information to be notified to Regulatory Authority
183	Storage of records and other documents

RELATED POLICIES

Administration of First Aid Policy Dealing with Infectious Disease Policy Child Protection Policy Code of Conduct Policy Delivery of Children to, and collection from Education and Care Service Premises	Enrolment Policy Incident, Injury, Trauma, and Illness Policy Medical Conditions Policy Privacy and Confidentiality Policy Record Keeping and Retention Policy Supervision Policy Work Health and Safety Policy

PURPOSE

The purpose of this policy is to ensure the safe, consistent and compliant management of medication within QDPA and to support the health, safety and wellbeing of all children attending the Service.

The policy aims to ensure that:

- medication is administered safely, accurately and only with appropriate authorisation, except in emergency situations permitted under legislation;
- children with diagnosed medical conditions, allergies or ongoing health care needs receive appropriate support in accordance with their Medical Management Plan;
- educators and staff understand their duty of care and responsibilities relating to medication management;
- medication-related risks are identified, assessed and minimised through effective planning, communication and review processes;

- accurate records are maintained to support accountability, transparency and compliance with legislative requirements; and
- continuous improvement practices support the ongoing safety and effectiveness of medication management procedures within the Service.

Educators, staff and management will implement the procedures outlined within this policy to promote the health, safety and wellbeing of every child enrolled at QDPA.

SCOPE

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

IMPLEMENTATION

QDPA is committed to maintaining safe, consistent and compliant medication management practices that protect the health, safety and wellbeing of children, educators and families. QDPA recognises that medication administration carries inherent risks and will implement appropriate controls, documentation, communication processes and monitoring systems to minimise the potential for medication errors.

Families requesting the administration of medication to their child must comply with the requirements outlined in this policy and provide all necessary documentation, authorisations and supporting medical information. Medication will only be administered in accordance with legislative requirements, Service procedures and the directions of a registered medical practitioner where applicable.

QDPA will ensure medication is managed through robust administration, storage, witnessing, communication, reconciliation and record keeping procedures. These processes are designed to support safe medication practices, facilitate effective communication between families and educators, and promote continuous improvement in medication management.

For children with a diagnosed medical condition, allergy or other health care need, families must provide a current Medical Management Plan prior to enrolment and whenever the child's health needs change. A Risk Minimisation Plan and Communication Plan will be developed and

regularly reviewed in consultation with the family to identify potential risks, outline management strategies and ensure relevant educators and staff are aware of the child's support requirements. (Refer to the Medical Conditions Policy.)

Any changes to a child's medication, dosage, administration requirements, Medical Management Plan or health condition must be communicated to the Service in writing and may require review of the child's Medication Record, Risk Minimisation Plan and Communication Plan prior to implementation.

For the purpose of this policy, the term *medication* is defined within the meaning of the *Therapeutic Goods Act 1989* and includes prescription medicines, over-the-counter medications, complementary medicines, herbal preparations and therapeutic goods listed on the Australian Register of Therapeutic Goods (ARTG).

Risk Minimisation and Communication Planning

QDPA will develop, implement and regularly review risk minimisation and communication strategies for children with medical conditions, ongoing medication requirements, or where medication-related risks have been identified.

- A Risk Minimisation Plan will be developed for any child who:
    - has a diagnosed medical condition requiring ongoing management;
    - requires long-term medication to be administered at the Service;
    - has an Asthma Action Plan, ASCIA Action Plan or other Medical Management Plan; or
    - is identified by the Service as having a heightened medication-related risk.
- Risk Minimisation Plans will be developed in consultation with the child's family and, where appropriate, relevant health professionals.
- The Risk Minimisation Plan will identify:
    - the child's specific health needs;
    - medication requirements;
    - storage arrangements;
    - administration procedures;
    - supervision requirements;
    - emergency response procedures; and

  - strategies to minimise identified risks.
- A Communication Plan will be developed for children with medical conditions or ongoing medication requirements to ensure all relevant educators, staff members and relief educators are informed of the child's needs whilst maintaining confidentiality and privacy.
- Communication Plans will outline:
  - how information will be communicated to educators and staff;
  - where Medical Management Plans and medication records are located;
  - emergency response procedures;
  - notification requirements for medication changes;
  - responsibilities of educators, families and management; and
  - procedures for informing relief educators, casual staff, students and volunteers of relevant medication requirements, medical conditions and emergency response procedures while maintaining the child's privacy and confidentiality.
- Risk Minimisation and Communication Plans will be reviewed:
  - annually;
  - whenever a child's medical condition or medication requirements change;
  - following a medication incident or near miss;
  - after an emergency response involving medication; or
  - at the request of the family or Service.
- Any changes to a child's medication, dosage, administration schedule or Medical Management Plan must trigger a review of the relevant Risk Minimisation and Communication Plans before the changes are implemented.
- Evidence of the review and communication of any changes must be documented and retained by the Service.
- The Responsible Person will ensure relief educators, casual staff, students and volunteers are informed of relevant medication-related risks and emergency response requirements for children in their care prior to commencing duties.

Pain Relief and Management of Unwell Children

QDPA is committed to promoting the health, safety and wellbeing of all children. The Service does not administer pain relief medications, including paracetamol and ibuprofen, under any

circumstances. Children requiring pain relief are generally considered unwell and may be unable to fully participate in the educational program.

- Paracetamol, ibuprofen and other pain relief medications will not be administered to children attending the Service, regardless of the presentation of a medical certificate, doctor's letter or parental request.
- Where a child requires pain relief medication, families will be requested to keep the child at home where they can receive appropriate care, comfort and monitoring during their recovery.
- QDPA recognises that pain relief medications may mask symptoms of illness, infection or injury, potentially delaying diagnosis and increasing the risk of transmission of infectious diseases within the preschool environment.
- If a child develops a temperature, appears unwell, or exhibits symptoms of illness/injury whilst attending the Service, the parent/guardian or authorised emergency contact will be notified as soon as practicable and requested to collect the child promptly, and an incident, injury, trauma and illness record will be completed on OWNA by the Educators and added to the illness and Infectious disease register on OWNA..
- While awaiting collection, educators will provide appropriate care and support by:
    - removing excess clothing where appropriate to assist with comfort and temperature regulation;
    - offering water and encouraging fluid intake;
    - encouraging rest in a quiet and supervised environment;
    - monitoring the child for any changes in condition or additional symptoms;
    - maintaining appropriate supervision at all times; and
    - minimising contact with other children where reasonably practicable to reduce the risk of illness transmission.
- If a child's condition deteriorates, or educators have concerns regarding the child's immediate health or safety, emergency medical assistance will be sought by calling 000.
- Families may be requested to provide medical clearance or evidence that a child is no longer suffering from a contagious illness or a significant injury prior to returning to the Service where required under relevant health guidelines or Service policies.
- Children who have been administered pain relief medication 24 hours prior to attending the Service will be excluded from attendance.

- Decisions regarding exclusion and return to care will be made by the Nominated Supervisor or Responsible Person, taking into consideration the child's wellbeing, medical advice, public health guidance and the safety of other children and educators.

Medications Stored at the Service

QDPA will ensure that all medications stored on the premises are appropriately authorised, recorded, monitored and securely stored to minimise the risk of medication errors and maintain the safety of children.

- Any medication, cream or lotion kept on the premises must be stored securely and out of reach of children in accordance with the medication storage requirements of the Service.
- All medications retained at the Service must be recorded in the Medication in Centre Register on OWNA, including the medication name, child's name (where applicable), date received, expiry date and storage requirements.
- OWNA alerts regarding upcoming medication expiry dates must be monitored regularly by the Nominated Supervisor or Responsible Person to ensure medications remain current and suitable for use.
- Only authorised personnel approved by the Approved Provider may purchase medications for Service use.
- The Nominated Supervisor, Educational Leader or delegated Responsible Person will undertake a termly audit of all medications and first aid kits to:
    - verify stock levels;
    - monitor expiry dates;
    - remove expired medications;
    - ensure accurate documentation; and
    - maintain compliance with Service procedures.
- Educators must ensure any medication supplied by the Service is administered only in accordance with the child's authorisation, medical management plan (where applicable), and the procedures outlined within this policy.
- Where a child's medication is approaching its expiry date or supply levels are low, families will be notified promptly and requested to provide replacement medication prior to the existing medication expiring or being exhausted.

- Families are responsible for taking home and returning any short-term medication, including antibiotics and other temporary treatments, as required. Such medications must not be left at the Service unless specifically authorised by the Nominated Supervisor.
- Medication must not be administered after the manufacturer's expiry date. Any expired medication will be removed from use immediately and returned to the family for disposal or disposed of in accordance with safe medication disposal procedures.
- Families requesting the administration of non-prescription medications, creams or lotions must complete the required Medication Record and provide supporting documentation, including a pharmacy label and, if requested, written advice from a registered medical practitioner detailing the child's name, medication requirements and dosage instructions.
- Medications remaining on site must be entered into, and regularly reconciled against, the Medication in Centre Register on OWNA by the Nominated Supervisor, Responsible Person or delegated authorised educator.

Split-Tablet Medications

QDPA will ensure that any medication requiring a tablet to be split is managed in a manner that minimises the risk of administration errors.

- Split tablets must be prepared by the family or dispensing pharmacist prior to arrival at the Service.
- Educators will not split tablets on behalf of families.
- Where a partial tablet dose is required, the family must provide the medication in a pharmacy-prepared blister pack or other pharmacy-approved packaging clearly identifying the prescribed dose.

Retained Partial Doses

Retained partial doses include any remaining portion of a medication intended for future administration, including split-tablet medications where part of the prescribed medication remains following preparation of the required dose. QDPA recognises that retained partial doses present an increased risk of medication error and will implement additional controls to ensure safe storage and administration.

- Retained partial doses must remain with the original medication and be stored in accordance with medication storage requirements.
- Partial doses must be clearly identifiable and not stored loosely within medication containers.
- Any retained partial dose that cannot be confidently identified, has become damaged, contaminated, or exceeds the manufacturer's recommended storage period must be discarded in accordance with safe medication disposal procedures.
- A record of retained partial doses and their subsequent administration or disposal must be maintained.

Medication Witnessing Requirements

Medication administration must be subject to a two-person verification process at all times, by two first-aid qualified educators (one being a responsible person).

- Prior to administration, the administering educator and witnessing educator will independently verify:
    - the child's identity;
    - medication name;
    - prescribed dosage;
    - administration time;
    - expiry date; and
    - authorisation documentation.
- Both educators must sign the medication record immediately following administration.
- The educator administering the medication and the witnessing educator must both document and sign the Medication Record immediately following each administration.

Long-Term Medications

QDPA will ensure that medications required to be administered on an ongoing or recurring basis are managed through consistent documentation, secure storage and robust administration procedures to support the safety and wellbeing of children.

- Any medication requiring administration on a regular or ongoing basis must be supported by a completed Medication Record on OWNA, completed by the parent/guardian and configured with a recurring administration schedule where applicable.

- Where OWNA functionality allows recurring medication authorisations for long-term medications, families will not be required to complete a new medication authorisation each day provided:
    - Medication details remain unchanged;
    - The medication continues to be supplied and verified daily where required; and
    - The recurring authorisation remains current
- Where a long-term medication is removed from the Service and subsequently returned, a new medication sign in process must be completed to verify the medication details, expiry date, dosage instructions and compliance with Service requirements.
- Any changes to the medication, dosage, administration schedule or prescribing practitioner must be communicated in writing by the parent/guardian and supported by updated medical documentation where required.
- Long-term medications stored at the Service must be recorded in the Medication in Centre Register and reconciled regularly by the Nominated Supervisor, Responsible Person or delegated authorised educator.
- Prior to each administration, educators must verify:
    - the child's identity;
    - the medication name;
    - the prescribed dosage;
    - the administration time;
    - the expiry date; and
    - the relevant authorisation and medical documentation.
- Medication administration must be subject to a two-person verification process at all times, by two first-aid qualified educators holding a Diploma or above qualification.
- The educator administering the medication and the witnessing educator must both document and sign the Medication Record immediately following each administration.
- Any missed doses, administration concerns, discrepancies or medication incidents must be reported to the Nominated Supervisor or Responsible Person immediately and documented in accordance with Service procedures.

Emergency Administration of Medication [REG. 93(5)]

QDPA recognises that emergency situations may require the administration of medication without prior written authorisation. In such circumstances, the safety, health and wellbeing of

the child will remain the primary consideration, and all reasonable steps will be taken to obtain authorisation and medical advice in accordance with legislative requirements.

- In an emergency where medication is required to preserve life, prevent serious harm, or respond to a medical condition, educators will act in accordance with the child's Medical Management Plan, emergency procedures and applicable legislation.
- Where practicable, the Service will attempt to obtain verbal authorisation from a parent/guardian or authorised nominee listed on the child's enrolment record prior to administering medication.
- Verbal authorisation must be documented, including the name of the person providing consent, the date and time of the authorisation, and the medication authorised for administration.
- Where a parent/guardian or authorised nominee cannot be contacted, the Nominated Supervisor or Responsible Person must seek advice from a registered medical practitioner, emergency service, or emergency medical personnel as appropriate.
- In life-threatening emergencies, including anaphylaxis or asthma emergencies, medication may be administered immediately in accordance with the child's Medical Management Plan and legislative requirements, without prior authorisation where necessary.
- Following the administration of emergency medication, a parent/guardian or authorised emergency contact must be notified as soon as reasonably practicable.
- Written notification of the incident and any medication administered must be provided through an Incident, Injury, Trauma and Illness Record on OWNA as soon as possible following the event.
- Where emergency medical treatment is sought, an ambulance is called, or a child attends hospital, the Approved Provider or Nominated Supervisor will notify the Regulatory Authority within the prescribed legislative timeframe.
- All emergency medication administrations must be fully documented, including:
    - the medication administered;
    - dosage provided;
    - time of administration;
    - person administering the medication;
    - witnessing educator (where applicable);
    - authorisation obtained; and

  - details of any medical advice received.
- Following an emergency medication event, the child will be comforted, reassured and closely monitored by a suitably qualified and experienced educator until collected by a parent/guardian or transferred to medical care.
- A review of the incident, documentation and any relevant medical management plans will be undertaken to identify opportunities for continuous improvement and ongoing risk minimisation.

Emergency Administration of Medication for Anaphylaxis and Asthma

QDPA recognises that anaphylaxis and asthma emergencies are potentially life-threatening medical emergencies requiring immediate action. The Service will administer emergency medication without prior authorisation where necessary to preserve life or prevent serious harm, in accordance with legislative requirements and recognised medical management plans.

- In the event of an anaphylaxis or asthma emergency, educators will administer emergency medication and treatment in accordance with the child's current Asthma Action Plan or ASCIA Action Plan for Anaphylaxis provided by the parent/guardian.
- Emergency medication may be administered without prior parental authorisation where the child is experiencing a medical emergency and immediate treatment is required.
- All educators will respond promptly to any signs or symptoms of an asthma or anaphylaxis emergency and follow the Service's emergency response procedures.

Asthma Emergency

- Where a child is experiencing severe respiratory distress, including a child not previously diagnosed with asthma, educators will immediately implement asthma first aid procedures.
- An ambulance must be called immediately by dialling 000.
- The child will be positioned in an upright seated position and reassured at all times.
- A reliever medication (such as Ventolin) will be administered using a spacer where available and appropriate, administered under guidance/instruction of emergency services.
- The child must remain under constant supervision until transferred to medical care or released into the care of a parent/guardian.

Anaphylaxis Emergency

- Where a child is experiencing symptoms consistent with anaphylaxis, including a child with no previous diagnosis of anaphylaxis, an adrenaline injector (EpiPen® or equivalent) must be administered immediately.
- Symptoms requiring immediate administration of an adrenaline injector may include:
    - difficult or noisy breathing;
    - swelling of the tongue;
    - swelling or tightness of the throat;
    - difficulty talking or hoarse voice;
    - wheeze or persistent cough;
    - persistent dizziness;
    - collapse;
    - pale and floppy presentation; or
    - any other symptoms identified within recognised anaphylaxis management guidelines.
- An ambulance must be called immediately by dialling 000 following administration of an adrenaline injector.

Notification and Follow-Up

- Following any asthma or anaphylaxis emergency, the Approved Provider, Nominated Supervisor or Responsible Person will ensure that relevant parties are notified as soon as reasonably practicable, including:
    - Emergency Services (000);
    - the child's parent/guardian or authorised emergency contact; and
    - the Regulatory Authority where notification is required under legislation.
- Where urgent medical attention is sought, an ambulance is called, or a child attends hospital, notification to the Regulatory Authority will occur within the prescribed legislative timeframe.

Documentation Requirements

- A Medication Record must be completed for any emergency medication administered, including reliever medication, adrenaline injectors or other emergency treatments.
- An Incident, Injury, Trauma and Illness Record must be completed as soon as practicable following the incident and, wherever possible, prior to the arrival of

emergency services or the child's parent/guardian to ensure accurate information can be provided to support ongoing medical treatment.

- Documentation must include:
    - symptoms observed;
    - medication administered;
    - dosage administered;
    - time of administration;
    - names of educators involved;
    - witnessing educator;
    - emergency services attendance details; and
    - parent/guardian notification details.

Ongoing Care

- Following an asthma or anaphylaxis emergency, the child will be comforted, reassured and closely monitored by a suitably qualified and experienced educator until transferred to medical care or collected by a parent/guardian.
- The Service will review the incident, documentation and relevant Medical Management Plans following the event to identify opportunities for continuous improvement and risk minimisation.

Medication Sign In and Sign Out Procedures

All medications brought to and removed from the service must be subject to documented sign in and sign out processes.

- Upon arrival, medications must be handed directly to an educator and must not be left in children's bags or unattended.
- Educators receiving medication must verify:
    - the child's name;
    - medication name;
    - dosage instructions;
    - date/time of last dose;
    - expiry date; and
    - required authorisation documentation.
- A medication sign in record must be completed and acknowledged by both the parent/authorised nominee and receiving educator.

- Medications returned to families must be signed out at collection by adding a note on the medication record on OWNA (include date, time and parent/guardian provided to)
- Daily reconciliation checks will be undertaken where medications remain onsite, through checking the medication records and medication in the medication storage within the classroom. This is verified on OWNA through ticking the "medication checked" box on the medication record.

Documentation Consistency

QDPA will maintain accurate, complete and contemporaneous medication records.

- All medication records must be completed in full at the time medication is administered.
- Documentation must be consistent across all medication forms, communication records, medical management plans and enrolment information.
- Any discrepancies identified must be immediately escalated to the Nominated Supervisor or Responsible Person for review before medication is administered.

Communication of Medication Changes

QDPA will ensure timely and accurate communication regarding any changes to a child's medication requirements.

- Changes to medication dosage, timing, administration method or prescribing practitioner must be provided in writing by the parent/guardian and supported by updated medical documentation where required.
- Verbal advice regarding medication changes will not be actioned until written confirmation is received, except in emergency situations.
- The Nominated Supervisor or Responsible Person must ensure relevant educators are informed of any medication changes before the child attends the service.
- Updated medical management plans and medication records must be reviewed and replaced as soon as practicable following notification of changes.
- A record of communication regarding medication changes must be maintained.

Review Following Medication Changes

QDPA recognises that changes to a child's medication requirements may alter identified risks and support needs. All medication changes will be subject to review to ensure safe and consistent implementation across the Service.

- Any change to a child's:
    - medication;
    - dosage;
    - administration schedule;
    - method of administration;
    - prescribing practitioner;
    - Medical Management Plan; or
    - emergency response procedures

      must be communicated to the Service in writing by the parent/guardian.
- Upon notification of a medication change, the Service will review and update, where applicable:
    - the Medication Record;
    - Medical Management Plan;
    - Risk Minimisation Plan;
    - Communication Plan; and
    - Medication in Centre Register.
- Relevant educators, staff members and relief educators will be informed of the changes prior to implementation.
- Medication changes must not be actioned until all required documentation has been received, reviewed and verified.
- Records of reviews and communications undertaken following medication changes will be maintained by the Service.

Medication Disposal

- Expired, contaminated, damaged or unwanted medications will be returned to the child's family wherever practicable.
- Where return is not possible, medications will be disposed of through a pharmacy medication return program or other approved disposal method.
- Disposal actions will be documented by the Service.

Circumstances Where Medication Must Not Be Administered

QDPA will ensure that medication is only administered when all legislative, policy and safety requirements have been met. Where uncertainty exists, medication administration will not proceed until clarification has been obtained.

- Medication must not be administered where:
    - the required authorisation has not been provided;
    - documentation is incomplete, inaccurate or inconsistent;
    - the medication cannot be positively identified;
    - the medication is not in its original packaging or labelled container;
    - the child's name does not match the medication label or authorisation record;
    - dosage instructions are unclear, inconsistent or incomplete;
    - the medication has expired; or
    - educators have concerns regarding the safety or appropriateness of administration.
- Where any discrepancy or concern is identified, medication administration must cease immediately until clarification is obtained from the parent/guardian, prescribing practitioner, pharmacist or relevant medical authority.
- Any concerns regarding medication administration must be escalated to the Nominated Supervisor or Responsible Person prior to proceeding.
- All discrepancies and actions taken must be documented in accordance with Service procedures.

Medication Incidents and Near Misses

QDPA is committed to maintaining safe medication practices and fostering a culture of continuous improvement. All medication incidents, near misses and procedural breaches will be documented, reviewed and investigated to minimise the risk of recurrence. Near misses must be reported and investigated with the same level of diligence as medication incidents, recognising that near misses provide valuable opportunities for risk identification and prevention.

- Any medication error, including administration to the wrong child, incorrect medication, incorrect dose, omitted dose, incorrect administration time, near miss or discrepancy must be reported immediately to the Nominated Supervisor or Responsible Person.

- Appropriate first aid, medical treatment or emergency response procedures will be implemented where required to ensure the health and safety of the child.
- Families will be notified as soon as practicable of any medication incident involving their child.
- Medication incidents will be documented in accordance with Service procedures and legislative requirements.
- The Nominated Supervisor or Responsible Person will conduct a review of all medication incidents and near misses to identify contributing factors and opportunities for improvement.
- Corrective actions may include amendments to procedures, additional staff training, environmental changes, enhanced supervision arrangements or updates to Risk Minimisation and Communication Plans.
- Where required under legislation, the Approved Provider will notify the Regulatory Authority within the prescribed timeframe.
- Findings from medication incidents and near misses will be used to inform ongoing policy review, staff education and continuous improvement processes.

Excursions and Off-Site Activities

- Required medications, Medical Management Plans, Risk Minimisation Plans and emergency contact information will accompany children on excursions, regular outings and off-site activities.
- Educators responsible for the excursion will verify that required medications are available and accessible prior to departure

Medication Reconciliation Procedures

QDPA will implement medication reconciliation procedures to ensure all medications stored, administered and returned are accurately accounted for and documented.

- All medications retained at the Service must be recorded in the Medication in Centre Register.
- Medications remaining onsite will be regularly reconciled against:
    - the Medication in Centre Register;
    - medication sign in and sign out records;
    - Medication Records; and

    - any relevant Medical Management Plans.
- Reconciliation checks must verify:
    - medication name;
    - quantity remaining;
    - expiry date;
    - storage location;
    - child identification details; and
    - administration records.
- Any discrepancies, missing medication, missed scheduled doses, undocumented administration, incorrect quantities or storage concerns must be reported immediately to the Nominated Supervisor or Responsible Person.
- Medication requirements, pending administrations, medication changes, medication incidents, near misses and any identified medication concerns must form part of educator handover processes at the commencement and conclusion of shifts, and whenever responsibility for a child is transferred between educators.
- Medication discrepancies will be investigated promptly and corrective actions implemented where required.
- Records of reconciliation activities and any corrective actions undertaken will be maintained by the Service.

Medication Audits

QDPA will undertake regular audits of medication management systems and practices to promote compliance, identify risks and support continuous improvement. Findings from medication audits, incidents, near misses and family feedback will be reviewed by management and incorporated into the Service's Quality Improvement Plan where appropriate.

- Medication audits will be conducted at least quarterly, or more frequently where identified risks or incidents require additional monitoring.
- Audits may include review of:
    - Medication Records;
    - medication sign in and sign out documentation;
    - Medication in Centre Register entries;
    - Risk Minimisation Plans;
    - Communication Plans;

  - Medical Management Plans;
  - witnessing requirements;
  - medication storage practices;
  - medication expiry dates;
  - retained partial doses; and
  - compliance with Service policies and procedures.
- Audit findings will be documented and reviewed by the Nominated Supervisor, Responsible Person or Approved Provider.
- Corrective actions arising from audits will be implemented within reasonable timeframes and monitored for effectiveness.
- Audit outcomes will be used to inform policy reviews, staff training priorities and continuous improvement planning.
- Records of medication audits and resulting actions will be retained in accordance with Service record keeping requirements.

Staff Training and Competency

QDPA will ensure that all educators and staff involved in medication administration possess the knowledge, skills and competencies necessary to safely manage medication in accordance with legislative requirements and Service procedures.

- All new educators and staff will receive induction regarding the Service's medication management policies, procedures and documentation requirements.
- Training will include:
  - medication administration procedures;
  - medication storage requirements;
  - witnessing requirements;
  - emergency medication administration;
  - documentation and record keeping requirements;
  - Risk Minimisation Plans and Communication Plans;
  - incident reporting procedures; and
  - confidentiality and privacy obligations.
- Educators responsible for administering medication must maintain any qualifications required under legislation and Service procedures.
- Additional training, supervision or competency reviews may be implemented following:

  - medication incidents or near misses;
  - identified procedural non-compliance;
  - changes to legislation or policy requirements; or
  - identified staff learning needs.
- Records of medication-related training, induction and professional development will be maintained by the Service.

CONTINUOUS IMPROVEMENT/REFLECTION

Following a review of medication administration practices, QDPA has implemented enhanced risk minimisation measures to strengthen medication safety. These measures include revised medication documentation processes, strengthened communication procedures, updated storage and labelling requirements for split-tablet medications, enhanced medication sign in/sign out procedures, and ongoing review of medication-related policies and procedures to support continuous improvement and child safety.

The *Administration of Medication Policy* will be reviewed on an annual basis in conjunction with children, families, educators, staff, and management.

SOURCE

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REVIEW

Version Control	Date	Author	Description of Change
1.0	2018	QDPA	Original document
2.0	December 2021	QDPA	• Document reviewed with change in leadership team in 2021. Additional related regulations & NQS references added. • Version control and description box added to clarify reviewed items/new inclusions. • Format change to include policy statement, purpose, scope and implementation, addition of footers and page numbering and general layout changes. • Review of policy/sources checked for currency. • Additional information included related to observing children post administration of medication/side effects/management
3.0	October 2023	QDPA	• Added specific details about paracetamol (not to be administered) • Added specific details and reference to OWNA. • minor formatting and grammatical edits within text • update to new EYLF reference • hyperlinks checked and repaired as required. • Continuous Improvement section added.
4.0	September 2024	QDPA	• annual policy review • removal of reference to Sick Child Policy • information required on administration of medication record expanded • added long term medication process • sources checked for currency and updated as required
5.0	January 2026	QDPA	• annual policy maintenance • additional information added- definition of medication • additional information added- re: incorrect administration of medication • added section for over-the-counter medication • added information- *Medications kept at Service* • sources checked for currency and updated as required
6.0	June 2026	QDPA	• comprehensive review of medication management practices and procedures • strengthened medication administration, documentation, storage and witnessing requirements • added controls for split-tablet medications, retained partial doses and medication reconciliation • introduced Risk Minimisation Plans, Communication Plans, medication audits and incident review processes • enhanced communication procedures relating to medication changes and emergency medication administration • add medication disposal section • add excursions/off-site medication section • updated policy to reflect current practice, risk minimisation measures and continuous improvement initiatives • sources checked for currency and updated as required