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2.1.2 Medical Management

1. **Purpose**

1.1. The purpose of this Medication Management Procedure is to ensure the safe, effective and consistent management of medical requirements within Happy Haven OSHC (HHO) services. This procedure outlines the procedure for the receipt, storage, administration and disposal of medications, as well as the documentation, record keeping and reporting processes that support safe medication practices.

1.2. Happy Haven OSHC is committed to protecting the health, safety and wellbeing of all children by ensuring medications are managed in accordance with legislative requirements, approved provider policies and individual health needs.

1.3. This procedure provides clear guidance for Educators and other relevant personnel to support accurate medication administration, maintain appropriate medication records, securely store medications and respond effectively to medication-related incidents, errors or adverse reactions.

1.4. Through consistent implementation of this procedure, Happy Haven OSHC aims to minimise risks, maintain accurate and confidential records, support informed decision-making, and promote positive health outcomes for children requiring medication while attending the service.

2. **Scope**

2.1. This procedure applies to all children, families, educators, and staff to HHO services.

3. **Procedure**

3.1. Documentation Requirements

3.1.1. All documentation must be supplied prior to a child attending a HHO Service.

3.1.2. Externally Provided Medical Documentation

(a) Action / Care / Management Plans

(I) Must be completed by a medical practitioner

(II) Must list any applicable medication

(III) If no review date is listed, the review date automatically becomes one year from the plan date

(b) Medication Agreements

(I) For non-controlled medications a parent/guardian can complete and sign the agreement.

(II) For controlled medications a medical practitioner must complete and sign the agreement, along with the parent/guardian

(III) If no review date is listed, the review date automatically becomes one year from the date the document was signed

(c) Lifesaving medication (i.e. EpiPens and Inhalers) do not require a Medication Agreement

3.1.3. Risk Minimisation and Communication Plans (RMCP)

(a) RMCPs are to be developed in consultation with the parent / guardian of the child

(b) Each medical condition or health requirement type requires a separate RMCP

(c) An RMCP must detail all the risks that could occur / are related to the health requirement and the control measures that will be put in place to minimise the risk

(I) Ensure that during the consultation, and at the time of any known changes, that parents are notified of known allergens within HHO that pose a risk, and include these risks and minimising strategies within the RMCP

(II) For food related requirements, safe food handling, preparation, consumption, and service of food should be considered

(d) All staff who work with this child at the service must have read and signed the RMCP

(e) Parents are to be reminded that any changes to the child's health requirements should be communicated to HHO as soon as practicable. This can be done via email, verbally, or via phone.

3.1.4. Table 1 details the required documentation for common medical conditions, however this is not an exhaustive list:

Condition	Required Documentation
Asthma	Asthma Action Plan, RMCP
Allergy	Allergy Action Plan, RMCP, Medication Agreement (for non-lifesaving medication)
Anaphylaxis	Anaphylaxis Action Plan, RMCP, Medication Agreement (for non-lifesaving medication)
Continence Care	Continence Care Plan, RMCP
Dietary Requirement	RMCP
Medication	RMCP, Medication Agreement
Eczema	RMCP
Sunscreen Sensitivity	RMCP
Epilepsy	Seizure Care Plan, RMCP, Medication Agreement (if applicable)
Diabetes	RMCP, Medication Agreement (if applicable and if administered by educators)

Table 1. Required Documentation for Medical Conditions

3.1.5. All documents are to be printed and stored within a red folder at the relevant service.

(a) All educators are advised of the location of the red folders at the beginning of their first shift at the service.

(b) HHO is actively working towards having all medical documentation being uploaded to children's profiles on CCMS by 31 October 2026, with the aim to transition to the CCMS to be the source of truth.

3.1.6. Photos of medication kept at services must be taken and uploaded to the child's profile on the CCMS, by the 31st of October 2026, ensuring to include the medication name, child's name, pharmacy label, and expiry date of the medication

3.1.7. If any medical documentation or required medication is not supplied, a medical suspension must be placed on the child's profile on CCMS, and any future bookings to be cancelled until all required documentation is received.

3.2. Record Keeping

3.2.1. Medication Register

(a) All documentation brought into and taken from the service must be signed in / out on the Medication Register.

(b) The Medication Register should be kept either in the red folder or stored with the medication.

3.2.2. Medication Logs

(a) Any time that a medication is administered, this must be recorded on the Medication Log

3.2.3. Controlled Medication Register

(a) Controlled medication stock must be counted daily and recorded on the Controlled Medication Register

(b) Signing and out of the service for controlled medication must be recorded on the Controlled Medication Register. This does not replace the Medication Register detailed in 3.2.1 and is to be completed in conjunction with this.

(c) Administration of controlled medication is recorded on the controlled medication register. This does not replace the Medication Log detailed in 3.2.2 and is to be completed in conjunction with this.

3.3. Medication Storage

3.3.1. All educators will be advised of the location of medication and the location of the medication storage key regularly and during induction to the service.

3.3.2. Inhalers and EpiPens

(a) Lifesaving medication should be stored in an easy access location in case of emergency and should not be locked up.

(b) Lifesaving medication should be in the same area as the child for easy access in case of an emergency.

3.3.3. All other medications

(a) All non-lifesaving medication needs to be stored in a locked location and the key kept out of reach of children

(b) When on excursions, the medication must be always kept locked or on an educator's person

(c) All medication must be stored as per the instruction on the medication packaging.

3.3.4. Disposal of Medication

(a) Any medication that needs to be disposed of is to be returned to the family for disposal. Alternatively, HHO staff can take the medication to the chemist for disposal at the request of the family, or if the family cannot be reached.

3.4. Medication Administration

3.4.1. Each service has a service specific method for staff working during the session to know which children present for the session have health requirements. Some examples include, but are not limited to:

(a) The RP advising of the present children during the staff briefing at the beginning of the session,

(b) A whiteboard within the staff office with a list of children and their health requirements booked in for the session

3.4.2. Educator Administered

(a) Complete the Medication Rights Checklist

(b) Administer the medication as per the action plan or medication agreement

(c) Document the administration on the Medication Log

(d) There will always be an educator rostered on shift that holds HLTAID011 Provide First Aid and HLTAID012 Provide First Aid in an Education and Care Setting

(e) If further specialised training is required for the administration of medication, this will be arranged with the Relationship Manager (RM) and / or the Professional Development Advisor (PDA). Medications that require specialist training include, but not limited to:

(I) Insulin – Diabetes in Schools Training

(II) Intranasal midazolam (INM) – Seizure First Aid and Emergency Medication Administration Training

(III) Oxygen – HLTAID015 – Provided Advanced Resuscitation and Oxygen Therapy

3.4.3. Child Administered

(a) The Decision-Making Tool for Medication Administration must be completed if a child is to be self-administering medication

(b) An education must observe the child administering the medication

(c) Best practice is to have documentation in place for educator administration, in case a child needs and / or wants support

3.5. Incidents relating to Medical Management

3.5.1. Incidents relating to a child's specific health care need

(a) Educators are to ensure that the medical management plans are followed

(b) Follow standard first aid or any individual first aid plans for the child

(c) Notify the parent / guardian

(d) If the child is collapsed or is not breathing, or the situation is deemed an emergency by the Responsible Person (RP) phone 000 (ambulance) immediately and follow standard first aid

3.5.2. Medication Incident or Error

(a) A medication incident or error is where medication is given to a child that is the incorrect medication / dose / time

(I) If the child is collapsed or is not breathing, phone 000 (ambulance) immediately and follow standard first aid

(II) If no immediate adverse reactions, phone Poisons Information Centre on 131 126 and follow the advice given

(III) Notify the parent / guardian

(IV) Document the incident on the Medication Log

(V) Complete a Medication Advice Form

(VI) Submit an incident report, and include the completed Medication Advice Form, and notify the HHO Staff Support Line

3.6. Each service has their own service specific Medical Conditions Risk Assessment which details service specific risks and control measures in relation to medical conditions.

4. **Reference to Law and Regulations**

Education and Early Childhood Services Law and Regulations	
168 (2) (d)	Policies and Procedures are required in relation to dealing with medical conditions in children
90	Medical Conditions Policy

Children and Young People (Safety) Act 2017	
S.7	Safety of children and young people paramount

5. Review

5.1. This procedure will be reviewed:

5.1.1. At least every 2 years; or

5.1.2. Where an audit or compliance review identifies improvements; or

5.1.3. Following any legislative changes that impact this procedure; and

5.1.4. As part of HHO's commitment to continuous improvement

Date reviewed	Modifications	Reviewed by	Next review date	Approved by
4/9/2026	Amalgamation of the previous policies and procedures (including QA2 Administration of Medication, OPS – RMCP – Procedure, and QA2 Medical Conditions Policy). Alignment with new policy and procedure structure. Change formatting to align with current style guide.	Allisha Foster (E&C Compliance Auditor)	September 2028	Frances Boatwright (Chief Operations Officer)