# ADMINISTRATION OF MEDICATION POLICY

*Updated: March 2026*

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| **What are we talking about in this document?** | This policy is related to the administration of medication. |
| **Who is this for?** | This policy applies to children, families, staff, management, students, and visitors of the service. |
| **Why do we need this policy?** | This policy ensures any medication administered to children is administered safely and in accordance with parent's authorisation, adhering to the Education and Care Services National Law (WA) and Regulations. |

## Policy Contents



## Key Terms

| Term | Meaning | Source |
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| Approved First Aid qualification | A qualification approved by ACECQA and published on the list of approved first aid qualifications and training on the ACECQA website. | National Regulations (Regulation 136) |
| Emergency | An incident, situation or event where there is an imminent or severe risk to the health, safety or wellbeing of a person at the service. | Guide to the NQF (Operational Requirements – Quality Area 7) |
| Medical management plan/action plan | A document that has been prepared and signed by a registered medical practitioner that describes symptoms, causes, clear instructions on action and treatment for the child's specific medical condition, and includes the child's name and a photograph of the child. | |

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| Medication | Medicine within the meaning of the Therapeutic Goods Act 1989 of the Commonwealth. | National Regulations (Definitions) |

## The Important Stuff

Families requesting the administration of medication to their child will be required to follow the guidelines developed by the service to ensure the safety of children and educators. The service adheres to the Education and Care Services National Law (WA) and National Regulations which set out legal requirements for the administration of medication, specifically in Regulations 92-96. The Service will follow legislative guidelines and adhere to the National Quality Standard and Staying Healthy: Preventing infectious diseases in early childhood education and care settings (6th Edition) to ensure the health of children, families and educators at all times.

For children with a diagnosed health care need, allergy, or relevant medical condition a Medical Management Plan must be provided prior to enrolment and updated regularly. A Risk Minimisation Plan and Communication Plan must be developed in consultation with parents/guardians to ensure risks are minimised and strategies developed for minimising any risk to the child. (see *Medical Conditions Policy*).

## Quick Reference Guide

Medications can be looked up at https://www.healthdirect.gov.au/medicines, which provides information on the schedule category & details about active ingredients.

| Type of medication | When to administer | Required documentation |
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| Non-medicated creams such as Pawpaw ointment or Vaseline. Note: At enrolment, parents agree to nappy rash cream being used, therefore they do not require a Risk Minimisation and Communication Plan. | As directed by parents, in accordance with the instructions on the container | Risk Minimisation Plan for Non-Medicated Topical Cream<br>• Even if the cream is only applied for a short period of time.<br>• Document to be reviewed annually. |
| Sunscreen (where families will be providing their own. Application of service sunscreen is authorised in enrolment form) | Before sun exposure, in accordance with the instructions on the container | Risk Minimisation Plan for Sunscreen<br>• Document to be reviewed annually and when new sunscreen is supplied. |
| Homeopathic Non-Medicated Products | As directed by parents, in accordance with the instructions on the container | Risk Minimisation Plan for Non-Medicated Homeopathic Products<br>• Document to be reviewed annually. |
| Over-the-counter medications such as Bonjela (Schedule 2 & 3 medications, generally labelled as pharmacy medicine) which the child does not have a prescription for. See www.healthdirect.gov.au/medicines to look up the schedule category. | As directed by parents, in accordance with the instructions on the medication, for a period of no longer than 5 consecutive days. | Non-prescription Medication Record<br>• If medication will be used regularly on a long-term basis (longer than 5 days), it will need a prescription or to be treated as a Medical Condition (for example medicated eczema creams). |

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| | | Note: A pharmacists label with the child's name should be attached to the medication. |
| Medication that has been prescribed by a medical practitioner for short term use. | As prescribed (pharmacy label must be attached to the medication) | Medication Record |
| Any medication required for the management of a Medical Condition. | As prescribed/directed in the Action Plan (pharmacy label must be attached to the medication)<br>Note: Over-the-counter medications used for medical conditions (such as Ventolin or Claratyne) must have a label from the GP or the Pharmacist attached. | Action Plan (if required – provided by GP/Paediatrician)<br>Risk Minimisation Plan<br>Record of administration:<br>• Medication Record if short-term or emergency situation, OR<br>Long Term Medication Record if medication is being administered regularly. |

## Procedures and Guidelines

### Receipt of medication and authorisations

The Centre Coordinator/Nominated Supervisor will ensure:

- Prescription medication is prescribed by a registered medical practitioner, not a pharmacist or chemist. If over-the-counter medication is listed on an action plan as required for treatment of a medical condition, a label printed from the pharmacy will be sufficient.
- Prescribed medication is only be administered by the service (or self-administered, if applicable) with written authority signed by the child's parent/guardian or authorised nominee (Regulation 93) and in accordance with Regulation 95.
- Prescription medication must be provided to the service by the child's parents/guardians or authorised nominee and must meet the following criteria –
    - The administration is authorised by a parent/guardian or authorised nominee;
    - Medication is prescribed by a registered medical practitioner (with instructions either attached to the medication or in written/verbal form from the medical practitioner);
    - Medication is in the original container with the pharmacy label showing;
    - Medication has the original label clearly showing the name of the child;
    - Medication is within the expiry/use-by date;
    - Any instructions attached to the medication or related to the use of the medication must be provided.
- Non-prescription/over-the-counter medication must be provided to the service and have a Non-Prescription Medication Record completed by the child's parents/guardians or authorised nominee and must meet the following criteria –
    - The administration is authorised by a parent/guardian or authorised nominee;
    - Medication is in the original container with the original label;
    - Instructions are clearly marked on the container and any attached to the medication or related to the use of the medication are provided;
    - Medication is clearly labelled with the name of the child;
    - Medication is within the expiry/use-by date.

- If non-prescription medication with medicated ingredients is to be used for a period of more than 5 consecutive days, it must be prescribed by a medical practitioner or be administered in accordance with a Medical Management Plan prepared by a medical practitioner.
- Pain relief medication will not be administered unless a current prescription and a letter from a medical practitioner are provided, outlining:
    - the reason for the prescription, and
    - the prescribed duration of administration.

  An exception applies only in the event of an emergency, in line with service policies and procedures and in accordance with regulation 94.
- If instructions attached to the medication are written in a language other than English, request the family to obtain an English translation from the medical practitioner.
- Any person delivering a child to the service must not leave medications in the child's bag or locker. Medication must be given directly to an educator for appropriate storage upon arrival.
- At OSHC services, the Sign In and Out of Medication Record is used to document the transport of medication between the school, home and the service.
- Enrolment records for each child outline the details of persons permitted to authorise the administration of medication to the child (Regulation 161).

Educators:

- Only accept medication if they are a Responsible Person or hold a Diploma or above qualification in a long day care service, or Certificate IV or above in an OSHC service. Otherwise, they will direct the parent/guardian or authorised nominee to a qualified educator.
- Only accept medication in the following circumstances:
    - It is prescription medication that has been prescribed by a medical practitioner, with a pharmacist's label attached and with correct authorisation as set out above
    - It is non-prescription medication required for a medical condition, with a pharmacist's label attached and with correct authorisation as set out above
    - It is non-prescription medication for short-term use, in original labelled packaging, labelled with child's name and with correct authorisation as set out above.
- Ensure that prescription medication has been prescribed by a registered medical practitioner, not a pharmacist or chemist.
- Not administer any medication without the authorisation of the parent/guardian or authorised nominee – except in the case of an emergency (Regulation 93).

**Storage of medication**

- Ensure that medications requiring refrigeration are stored in the refrigerator in a labelled medication container, inaccessible to children.
- Medications not requiring refrigeration will be stored in a labelled medication container kept inaccessible to children.
- Any medication, cream or lotion kept on the premises will be checked regularly for expiry dates.
- If a child's individual medication is due to expire or running low, the family will be notified by educators that replacement items are required.
- All medications, creams or ointments must have documentation.
    - A Risk Minimisation and Communication Plan is required for all requirements, including preferences.

- Keiki supplied nappy cream is agreed to in the enrolment form (please check each child's authorisations), other creams must have a Risk Miminisation and Communication Plan.

- A Non-Prescription Medication Record must be completed for all over-the-counter products that contain medicated ingredients.
- **MEDICATION WILL NOT BE ADMINISTERED IF IT HAS PASSED THE PRODUCT EXPIRY DATE.**

## Administration procedure

For safety and consistency of practice, the service requires that medication is administered and witnessed by two educators, one of whom must hold a Diploma or above qualification (LDC) or Certificate IV or above (OSHC), except in an emergency as permitted under Regulation 94.

If required, prior to administering medication:

- Discuss any concerns or doubts about the safety of administering medications with the Centre Coordinator/Nominated Supervisor to ensure the safety of the child.
- Seek further information from the family, the prescribing doctor, or the Public Health Unit.

**Procedure**

1. Wash and dry hands.
2. Both educators:
    a. Check the Medication Form has been completed correctly by the parent/guardian
    b. Check the date and time the medication is due to be given
    c. Check the prescription label matches the medication form with the following information
        i. Child's name
        ii. Dosage and any administration instructions
        iii. Use-by date
    d. Confirm the correct child is receiving the medication.
3. The senior qualified educator will administer the medication, with both educators ensuring
    a. The correct dosage is administered
    b. The medication is administered in accordance with the instructions attached to the medication, or any written or verbal instructions provided by a registered medical practitioner.
4. Both educators complete the medication form, ensuring it is completed correctly, including the name and signature of both educators (Regulation 92(3)(h)).
5. Wash and dry hands.
6. Return any remaining medication to its designated storage location.
7. Monitor the child for any adverse effects or reactions.

- Ensure a Medication Form is completed for any children who are self-administering medication, in accordance with Regulations 92, 93, 95 and 96.
- Ensure a separate Medication Form is completed for each medication given to the child.

## Emergency medication administration

For emergencies, in the absence of a diploma qualified educator, an educator who has been trained in the administration of the emergency medication may administer it.

- In the occurrence of an emergency and where the administration of medication must occur, the service must attempt to receive verbal authorisation from the parent/guardian or authorised nominee (unless it is a diagnosed medical condition which we have already obtained authorisations for).
    - Regulation 94 permits the service to administer medication to a child without an authorisation in case of an anaphylaxis or asthma emergency.
- If all of the child's parents/guardians and authorised nominees are non-contactable, the service must contact a registered medical practitioner (preferably the child's medical practitioner where known) or emergency service on 000.
- In the event of an emergency and where the administration of medication must occur, written notice must be provided to a parent/guardian or authorised nominee as per Regulation 94.

**Asthma or Anaphylaxis emergency**

For anaphylaxis or asthma emergencies, medication/treatment will be administered to a child following the Asthma or Anaphylaxis Action Plan provided by the parent/guardian. [National Asthma Council (NAC) or ASCIA].

- In the event of a child not known to have asthma or anaphylaxis and appears to be in severe respiratory distress, the emergency plans for first aid must be followed immediately.
    - an ambulance must be called immediately
    - place the child in a seated upright position
    - give 4 separate puffs of a reliever medication (eg: Ventolin) using a spacer if required
    - repeat every 4 minutes until the ambulance arrives.
- In the event of an anaphylaxis emergency where any of the following symptoms are present, an Epipen must be administered
    - difficult or noisy breathing
    - swelling of the tongue
    - swelling or tightness in the throat
    - difficulty talking or hoarse voice
    - wheeze or persistent cough
    - persistent dizziness or collapse
    - pale and floppy

  (ASCIA, 2021)
- The Service will contact the following (as required) as soon as practicably possible:
    - Emergency Services 000
    - a parent/guardian or authorised nominee of the child
    - the regulatory authority within 24 hours.
- The child will be comforted, reassured, and removed to a quiet area under the direct supervision of a suitably experienced and trained educator.

The Centre Coordinator/Nominated Supervisor will ensure

- If medication is administered without authorisation (in the event of an asthma or anaphylaxis emergency) the parent of the child and emergency services are notified as soon as practicable.

Medication may be administered at the direction of an emergency services personnel or Triple Zero operator.

**Paracetamol/Ibuprofen administration**

In the event of a child experiencing a high temperature (fever) of 38°C and over, the Centre Coordinator/Nominated Supervisor will contact the parent/guardian or authorised nominee to collect the child. If the parent/guardian or authorised nominee is more than 20 minutes away from the service, the Centre Coordinator/Nominated Supervisor will ask the

parent/guardian or authorised nominee to send an email or text message providing permission for the Centre Coordinator/Nominated Supervisor/Responsible Person to administer paracetamol/ibuprofen.

The Centre Coordinator/Nominated Supervisor/Responsible Person will administer the paracetamol/ibuprofen in accordance with Regulation 95, following the manufacturer's directions on the paracetamol/ibuprofen bottle, will complete a medication record (all details including the section the parent usually completes), make a note on the incident, injury and illness record, print and attach the record of authorisation (email/screenshot of text message), and stay with the child until they have been collected.

Upon collection, the parent/guardian or authorised nominee will sign the medication record and incident, illness and injury form.

Paracetamol/ibuprofen must be regularly checked to ensure it is not expired and is stored out of reach of children, following the manufacturer's instructions.

### Antihistamine administration

In the event that a child displays signs of a **mild allergic reaction** (for example, localised itching, mild rash or hives, without breathing difficulty, swelling of the lips or tongue, or other signs of anaphylaxis), the Centre Coordinator/Nominated Supervisor will assess the child and contact the parent/guardian or authorised nominee as soon as practicable.

As the service does not hold standing enrolment authorisation for the emergency administration of antihistamines, antihistamine medication may only be administered with specific parent/guardian or authorised nominee authorisation obtained at the time. Where required, this authorisation may be provided verbally or via email or text message and must be documented in accordance with Regulation 93.

Once authorisation is obtained, the Centre Coordinator/Nominated Supervisor/Responsible Person will administer the antihistamine in accordance with Regulation 95, following the manufacturer's directions or pharmacy label, and will:

- complete a medication record, including documentation of the authorisation obtained
- make a note on the incident, illness and injury record
- attach a copy or record of the authorisation (for example, screenshot of text message or email)
- closely monitor the child for any change or escalation in symptoms until they are collected.

Upon collection, the parent/guardian or authorised nominee will be requested to sign the medication record and incident, illness and injury record.

Antihistamine medication kept at the service (where applicable) must be stored out of reach of children and regularly checked to ensure it is within the expiry date, in accordance with the manufacturer's instructions.

**Important:**
In line with *Staying Healthy: Preventing infectious diseases in early childhood education and care settings (6th edition)* and ASCIA guidance, antihistamines are not used to treat anaphylaxis. If a child displays signs of a severe allergic reaction or anaphylaxis, educators must immediately follow the child's Anaphylaxis Action Plan, administer adrenaline if required, and contact emergency services on 000 in accordance with Regulation 94.

### Medical conditions

See the Medical Conditions Policy for more information.

The Centre Coordinator/Nominated Supervisor will ensure:

- That children with specific health care needs or medical conditions have a current medical management plan detailing prescribed medication and dosage by their medical practitioner.
- The Administration of Medication or Administration of Long Term Medication Form is completed for each child using the Service who requires prescribed medication (Regulation 92). A separate form must be completed for each prescribed medication if more than one is required.
- Medical Action Plans are supplied by a Medical Practitioner and reviewed at least annually.
- Medication must be supplied by the parent/guardian or authorised nominee daily or kept at the service. If a child does not have their medication, they cannot remain at the service and a parent/guardian or authorised nominee must collect them.
- The expiry date of all medications is checked regularly and replaced by the parent/guardian or authorised nominee when required.
- All core Educators must have current training on Emergency Asthma Management, Emergency Anaphylaxis Management, and First Aid.

**Family responsibilities**

- Ensure children with specific health care needs or medical conditions have a current medical management plan detailing prescribed medication and dosage by their medical practitioner.
- Provide the service with any required Medical Management Plans prior to the enrolment of their child and ensure it is updated at least annually or as per the review date on the documentation. This is usually done at re-enrolment each year.
- Collaborate with their medical practitioner and the service to complete a Keiki Risk Minimisation and Communication Plan for their child, if required.
- Understand that educators can only administer prescribed medication, unless it is over-the-counter medication for short-term use only.
- Notify educators, both via enrolment forms and verbally, when children are taking any medications. This includes short and long-term medication use.
- Complete a Medication Form for any child requiring prescribed medication whilst they are at the Service.
- Update long-term Medication Forms at each new prescription.
- Be requested to sign consent to use nappy rash creams, lotions and sunscreens should treatment be required.
- Be required to keep prescribed medications in original containers with the prescription label, printed at the pharmacy. Medications cannot be pre-portioned into dosage amounts, in a syringe for example.
- Understand that medication will only be administered as directed by the medical practitioner and only to the child whom the medication has been prescribed for.
- Understand that expired medications will not be administered.
- Keep children away from the Service while any symptoms of an illness remain.
- Keep children away from the Service for 24 hours from commencing antibiotics to ensure they have no side effects from the medication.
- NOT leave any medication in children's bags.
- Take home any medication if it:
    - has expired
    - is no longer needed
    - is not being kept at the service.

- Give any medication for their children to an educator who will provide the family with a Medication Form.
- Complete the Medication Form and the educator will sign to acknowledge the receipt of the medication. Please understand that no medication will be administered without written consent from the parent/guardian or authorised nominee.
- Understand that pain relief medication will not be administered unless a current prescription and a letter from a medical practitioner are provided, outlining:
    - the reason for the prescription, and
    - the prescribed duration of administration.

  An exception applies only in the event of an emergency, in line with service policies and procedures and in accordance with regulation 94.

**Record keeping and notifications**

The Centre Coordinator/Nominated Supervisor will ensure:

- If medication is administered without authorisation (in the event of an asthma or anaphylaxis emergency) the parent of the child and emergency services are notified as soon as practicable [Regulation 94(2)].
- If the incident presented an imminent or severe risk to the health, safety, and wellbeing of the child or if an ambulance was called in response to the emergency the regulatory authority will be notified within 24 hours of the incident [Regulation 176 (2)(a)]. A PMC (Person with Management or Control) such as the Approved Provider, Operations Manager – Finance and Systems, Operations Manager – People and Culture and Compliance and Quality Manager will be contacted to facilitate the notification process.
- Reasonable steps are taken to ensure that medication forms are maintained accurately.
- Medication forms are kept securely and confidentially and archived for the regulatory-prescribed length of time (until the end of 3 years from the date of the child's last attendance).
- Children's privacy is maintained, working in conjunction with the Australian Privacy Principles (APP).

**Educator training**

Educators are responsible for ensuring their First Aid qualifications are current, and that they are aware of and understand children's individual health care needs, allergies, or relevant medical conditions as detailed in medical management plans and asthma or anaphylaxis plans.

The Centre Coordinator/Nominated Supervisor will ensure that:

- Educators' First Aid qualifications remain up to date.
- Educators receive information about the medical and medication policies during their induction.
- Educators are aware of and clearly understand children's individual health care needs, allergies, or relevant medical conditions as detailed in medical management plans and asthma or anaphylaxis plans.
- Safe practices are adhered to for the wellbeing of both the child and educators.

**Supporting Documents**

**Policies**

Emergency Management Policy
Medical Conditions Policy
Incident, Illness and Administration of First Aid Policy
Providing a Child Safe Environment Policy
Supervision of Children Policy – LDC & Three Plus
Supervision of Children Policy - OSHC
Workplace Health and Safety Policy

## Other Documents

Medication Records

## Resources

Education and Care Services National Law (WA) Act 2012
Education and Care Services National Regulations 2012

## Sources


- Australian Children's Education & Care Quality Authority (ACECQA).
- Early Childhood Australia Code of Ethics. (2016).
- Education and Care Services National Law (WA) Act 2012. (2023).
- Education and Care Services National Regulations 2012. (2024).
- Guide to the National Quality Framework. (2024).
- Staying Healthy: Preventing infectious diseases in early childhood education and care settings (6th edition). (2024)
- Allergy Aware. Best Practice Guidelines. https://www.allergyaware.org.au/images/cec/NAS_Best_Practice_Guidelines_CEC_April_2022.pdf . (2022)
- ASCIA First Aid Plan for Anaphylaxis. https://www.allergy.org.au/hp/anaphylaxis/first-aid-for-anaphylaxis. (2022).
- https://www.tga.gov.au/news/news/changes-choline-salicylate-access-start-1-october-2023


## Links to Regulations

**National Quality Standard**

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| **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 need 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, practised and implemented. |
| **Quality Area 6: Collaborative partnerships with families and communities** | | |
| 6.1 | Supportive relationships with families | Respectful relationships with families are developed and maintained and families are supported in their parenting role. |
| **Quality Area 7: Governance and Leadership** | | |
| 7.1.2 | Management systems | Systems are in place to manage risk and enable the effective management and operation of a quality service. |
| 7.1.3 | Roles and responsibilities | Roles and responsibilities are clearly defined, and understood, and support effective decision-making and operation of the service. |

| **Education and Care Services National Regulations** | |
|---|---|
| 12 | Meaning of a serious incident |
| 90 | Medical conditions policy |
| 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 |
| 96 | Self-administration of medication |
| 97 | Emergency and evacuation procedures |
| 136 | First aid qualifications |
| 161 | Authorisations to be kept in enrolment record |
| 168 | Education and care services must have policies and procedures |
| 170 | Policies and procedures to be followed |
| 171 | Policies and procedures to be kept available |
| 172 | Notification of change to policies or procedures |
| 176 | Time to notify certain information to Regulatory Authority |
| **Education and Care Services National Law** | |
| 167 | Offence relating to protection of children from harm and hazards |
| 174 | Offence to fail to notify certain information to Regulatory Authority |

| **Review & Document Control** | |
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| **Policy Reviewed** | **Modifications** |
| 30th October 2017 | Extension of Policy from regulations and set out expectations for all parties<br>Combined Administration of Authorised Medication and Medication Policy. To be sent to Panel for review. |
| 8th January 2018 | Quality Area updated with NQS changes. Removed term Centre Director replaced with Coordinator. |
| 18th May 2018 | Made clear in policy that medications must be prescribed by a registered medical practitioner not a pharmacist or chemist. Labels must be prescription labels, not a label printed by a pharmacy or chemist. Families cannot supply medication that is removed from original packaging. |
| 19th November 2018 | Added checking the use-by date of medication as part of the educator's role in the administration of medication. Added Coordinator must ensure all children have a completed medication form. |
| November 2019 | Updated with Keiki Logo |
| October 2020 | Added information about paracetamol administration. All changes in blue. |
| December 2022 | New format. Minor changes to wording. Clarification on roles of qualified educators. Addition of self-administration. |
| January 2023 | Wording updates including correcting the names of documents. Clear reference to Regulation 95. Added references to regulations. |
| May 2023 | Update Cert IV can accept in OSHC.<br>Added information about the Non-Prescription Medication Record, Sign in and Out Medication Record, Updated the information on Long Term Medication Record to be renewed with each new prescription and added ibuprofen to the paracetamol section. Also added that incident, injury, illness and trauma form to be completed for administration of paracetamol or ibuprofen. |
| July 2023 | Added trained educators can administer medication in case of emergency in absence of diploma qualified. Added required documentation matrix. Clarity on short term/long term use. Added pharmacist label acceptable for over the counter medication required for medical condition. Edited hyperlinks to forms. |
| September 2023 | New format & reorganisation of information for clarity/readability. Added medication can be given to Responsible Person. Clarified Administration Procedure. Added antihistamine administration. Added key terms. |
| September 2023 | Added text message acceptable for ibuprofen/paracetamol administration. |
| October 2024 | Clarified that nappy rash cream is agreed to at enrolment. Clarified that pharmacy label should be attached to over the counter medication. Updated reference to Staying Healthy to 6th edition. |
| March 2025 | Updated with clarity around requirements of non-prescription medication, notifications to ECRU. |

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| August 2025 | Removed the need for Health Care Plans. Updated the form completed for non-medicated topical creams. |
| December 2025 | Updated quick reference guide for clarity on non medicated products. |
| March 2026 | Updated Antihistamine section, clarified pain medication requirements. |

## Disclaimer

It is each employee, family and visitor to the service's responsibility to read, understand, follow and address any concerns with management about this policy.

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