

ADMINISTRATION OF MEDICATION PROCEDURE

1302.47 Safety practices.

b) A program must develop and implement a system of management, including ongoing training, oversight, correction and continuous improvement in accordance with §1302.102, that includes policies and practices to ensure all facilities, equipment and materials, background checks, safety training, safety and hygiene practices and administrative safety procedures are adequate to ensure child safety. This system must ensure:

(4) *Safety training.* (i) *Staff with regular child contact.* All staff with regular child contact have initial orientation training within three months of hire and ongoing training in all state, local, tribal, federal and program-developed health, safety and child care requirements to ensure the safety of children in their care; including, at a minimum, and as appropriate based on staff roles and ages of children they work with, training in:

(C) Administration of medication, consistent with standards for parental consent

(D) Prevention and response to emergencies due to food and allergic reactions;

(7) *Administrative safety procedures.* Programs establish, follow, and practice, as appropriate, procedures for, at a minimum:

(iv) The handling, storage, administration, and record of administration of medication;

Medication will be given only with prior written authorization of the child's parent or legal guardian and written instructions from a licensed health care provider.

1. We believe that medications are best administered at home by parents. Particularly in a part-day program, we request that the schedule for administration of needed medications be adjusted so that it is given at home if possible.
2. If medications are required during classroom/center hours due to extenuating circumstances, the OESD 114 Head Start/Early Head Start/ECEAP Classroom Accommodation Plan must be completed and updated with each new prescription by a licensed health care provider.

3. PRESCRIPTION MEDICATIONS

All prescription medications are required to have the pharmacy instruction label present on each container with the following information:

- Child's name -- first and last; middle initial if needed
- Medication name
- Date prescription filled
- Name of health care provider who prescribed medication

- Expiration date
 - Dosage amount
 - Frequency, and
 - Length of time (e.g. days) if relevant
4. With the exception of certain topical medications noted in #5 below, NONPRESCRIPTION (OVER-THE-COUNTER) MEDICATIONS can be administered only if they are prescribed and/or authorized by a licensed health care provider and all conditions described above are met. These must be in the original container marked with the child's name.
 5. The exceptions are sunscreen, ointments intended for the diaper area and to reduce itching or dry skin, and fluoride free toothpaste. These can be applied with parent-only authorization using the Over the Counter Topical Medication-Parent Authorization form as long as they are in the original container and are applied according to manufacturer's directions. Parent authorizations are updated annually.
 - Sunscreen is applied to children over 6 months of age only
 - Sunscreen is the only topical ointment that is dispensed from a bulk container. Classrooms choosing to do so must follow Washington State Child Care licensing regulations which require notifying the parent of the name of the product, its active ingredients, and the SPF, obtaining parental consent, applying in a manner to prevent cross contamination, and using it for no longer than 6 months.
 6. Prior to administering medication, all classroom staff must be trained by a registered nurse or advanced registered nurse practitioner in medication administration, procedures for proper handling and storage of medications, required charting, and procedures to follow in the event of a medication error. The trainer will evaluate the staff person's skill and document the successful completion of the training.
 7. In all cases, parents will be asked to demonstrate for classroom staff the proper technique (consistent with the health care provider's instructions), including the use of any necessary equipment for administering their child's medication. Staff will give a return demonstration and verbalize understanding of the health care provider's instructions for handling and storing the medication.
 8. Classroom staff must notify the Family Services Program Manager of a request for medication on the day it is submitted.
 9. Medications and equipment require a full medication meeting of parents, staff and the Family Advocate, to assure full understanding and clear documentation of their administration and care.
 10. Staff must wash hands before and after giving medication.

11. In most cases, lead teachers will administer medications adhering to the “5 Rights” and, in all cases, they will ensure that each dose, time administered, and initials of the person administering the medication are recorded on the Medication Administration Log as well as any change observed in the child after taking the medication.

12. Medication errors:

- a child is given the wrong medication
- medication is given to the wrong child
- wrong dose of medication
- medication is given by the wrong route
- medication is given at the wrong time

If a medication error occurs:

- seek medical attention if needed
- notify the parent/guardian
- record incident on Medication Administration Log
- notify your supervisor
- develop and document a follow-up plan with your supervisor

13. Changes observed in a child’s behavior, appetite, or general affect which may have implications for drug dosage or type must be reported to the parent immediately. Teacher will offer to assist parents in communicating with the child’s health care provider to report the observed changes. Other special circumstances, such as spills, refusal to take medication, or a child vomits are recorded and reported to parents. NEVER repeat a dose that the child does not keep down without specific instructions from a health care provider.

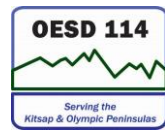
14. All medications (including staff and volunteer prescriptions and over-the-counter medications) must be inaccessible to children and unauthorized personnel. Emergency medications, including rescue inhalers and EpiPen’s, must be inaccessible to children and unauthorized personnel, but are not stored under lock and key so they are available in the event of an emergency. Ointment intended for the diaper area must also be inaccessible to children and unauthorized personnel in accordance with Washington State Child Care licensing regulations, but is not required to be stored under lock and key.

15. A child’s medication will be returned to the family when it is no longer needed. Family will sign Medication Log indicating they received the unused medication.

16. If necessary, medication not returned to the family will be brought to the Family Services Program Manager for disposal.

What to do when a parent requests a medication be left or given in the classroom

1. Explain that a Classroom Accommodation Plan form must be completed both by parent/guardian and health care provider before we can administer the medication.
2. Contact the Family Advocate to complete follow-up.
3. Family Advocate has parent sign the authorization and form will be completed and returned from health care provider.
4. Family Advocate will notify the Family Services Program Manager that a Classroom Accommodation Plan form has been faxed.
5. As soon as the form is received, the Family Advocate will coordinate a meeting with classroom staff, parent/guardian to accept the medication and discuss administration, storage, safety and documentation.
6. Family Advocate will complete/and update the Classroom Health Alert.
7. Family Advocate will notify the Family Services Program Manager when the medication is discontinued, if any problems arise.



Medication Administration in Child Care Partnership Programs

1. Child Care Connection Partnership Programs follow Washington State Child Care Licensing Procedures.
2. Medication Authorizations can be signed solely by the parent/guardian for all medications in Pharmacy or original containers.
3. Providers may request a medication manager staffing as they deem necessary.