

Medication Administration Procedure

Regulations		
EHS/HS: 1302.47	ECEAP: ENV-24	WAC: 110-300-0215

Purpose

Administering medication may be required for children with chronic health conditions or special health care needs.

Guidance

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.

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.

Classrooms/centers must not accept or give homemade medication, such as diaper cream or sunscreen.

Prior to administering medication, all classroom/center staff must be trained annually by a Registered Nurse (RN) or Nurse Practitioner on proper medication administration. Staff must not give medication to a child until they have completed an annual medication training. The trainer will evaluate the staff person’s skill and document the successful completion of the training.

Procedure

Parents/guardians share written information about their child’s health and medication needed when completing the Wellness Assessment with health staff prior to starting in the classroom/center.

1. If medications are required during classroom/center hours due to extenuating circumstances, health staff work with parents/guardians and the primary health care provider to obtain required medication documentation. The OESD 114 Head Start/Early Head Start/ECEAP *Medication Authorization* (must include health care provider’s instructions) must be completed and updated with each new prescription by a licensed health care provider.
2. After the required documentation has been obtained, a *Medication Staffing* is scheduled with parents/guardians, classroom/center staff, and the program Nurse Consultant as needed. Medications and equipment require a *Medication Staffing* to assure full understanding and clear documentation of their administration and care prior to the child starting in the classroom/center.
3. Parents/guardians 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 and initial the bottom of the *Medication Authorization*.

4. PRESCRIPTION MEDICATION

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 and contact information of the prescribing health professional
- Expiration date
- Dosage amount
- Frequency, and
- Length of time (e.g., days) if relevant
- Instructions for administration and storage

5. Except for diaper cream and sunscreen, all other Nonprescription (Over the Counter) Medications, can be administered ONLY if they are prescribed and/or authorized by a licensed health care provider. The medication must be in the original container marked with the child's first and last name and accompanied with a medication authorization form that has the expiration date, medical need, dosage amount, age, and length of time to give the medication.

6. The exceptions are sunscreen and ointments intended for the diaper area and to reduce itching or dry skin. These can be applied with parent-only authorization using the *Over-the-Counter Topical Medication-Parent Authorization* form if they are in the original container and are applied according to manufacturer's directions.

- 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 written parental consent annually.

7. Staff must wash hands before and after giving medication.

8. Staff trained to administer medication must adhere to the "6 Rights":

- Right Child – Properly identify the child
- Right Time – Administer medication at prescribed time
- Right Medicine – Administer the correct medication
- Right Dose – Administer the right amount of medication
- Right Route – Use the prescribed method of medication administration
- Right Documentation – Record and report

9. Staff 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.

10. 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 Error Record*
- notify your supervisor
- develop and document a follow-up plan with your supervisor

11. 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.
12. All medications (including staff and volunteer prescriptions and over-the-counter medications) must be inaccessible to children and unauthorized personnel and stored and maintained as directed on the packaging or prescription label.
 - 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.
 - Controlled substances must be lock in a container or cabinet that is inaccessible to children.
 - Medications requiring refrigeration must be locked, kept away from food in a separate, and sealed container.
 - External medication (designed to be applied outside of the body) must be stored to provide separation from internal medication (designed to be swallowed or injected) to prevent cross contamination.
 - 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.
13. 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.
14. If necessary, medication not returned to the family will be brought to the Family Services Program Manager for proper disposal following the Food and Drug Administration (FDA) recommendations for medication disposal.