**Medication Administration**

**Intent Statement**

Medications can be crucial to the health and wellness of children. When possible, a child’s parents and physician should try to minimize the need for medications while in child care, however, some children will inevitably require medication while in the child care setting. Administering medication requires skill, knowledge and careful attention to detail. Our child care staff will be diligent in our adherence to the medication administration policy and procedures to safely administer medications to children in our facility.

**Procedure/ Practice**

**Administration of medications**

* All staff who have the responsibility to administer medication will be trained in medication administration and a record of their training kept in their file
* The administration of medication in this facility will be limited to:
1. Prescription or non-prescription medication (over-the-counter [OTC]) ordered by the prescribing health care provider for a specific child, with written permission of the parent/guardian (*See Medication Administration Form Consent*). *922 KAR 2:120. Child-care center health and**safety standards, section 7,* **r**equires a daily written request from child’s parents for prescription medication
2. Families should check with the child's physician to see if a dose schedule can be arranged that does not involve the hours the child is in the child care facility
3. The first dose of any new medication should always be given at home to observe for possible adverse effects

1. Prescription medication must be in the original child-resistant container with a pharmacy label that includes the child’s name, date filled, prescribing health care provider’s name, pharmacy name and phone number, dosage/instructions, length of time to be given, expiration date, and list of warnings and possible adverse effects

1. OTC medication must include an authorization from the child’s prescribing health care provider indicating the purpose of the medication. Medication must be in the original child-resistant container and include the child’s name, the name of the medication, dose and directions for use, an expiration date and a list of warnings and possible adverse effects
2. OTC sunscreen and insect repellent requires parental consent (may be a blanket permission form) but does not require instructions from each child’s prescribing health care provider (*See Topical/Lotion Medication Permission Form*)
3. Prescribed long-term medications (i.e., medications that are to be given routinely or available routinely for chronic conditions such as asthma, allergies, and seizures, accompanied by a health care plan that defines their medical need and conditions and methods for administration of the medication. (See *Health Care Plan Template, Caring For Our Children Appendix O and Health Care Plan Asthma Action Plan)*
* Instructions which state that the medication may be used whenever needed or (PRN) will be reviewed by the health care provider at least annually
* This facility will adhere to the practice of checking the “SIX RIGHTS” of safe medication administration, including the right:
1. Child
2. Medication

1. Time/Date
2. Dose
3. Route
4. Documentation
* This facility will not administer home remedies or medications prescribed for another family member
* Staff will wash their hands before and after administering medications
* Medications will not be added to child’s bottle or food
* For capsules/pills, medication is measured into a paper cup and dispensed as directed

**Documentation of medications**

* The staff will document on child’s Medication Administration Form the following:
	1. All medication given, including the time, date, dosage, and route

* 1. Medications not given at the prescribed time and report to parent/guardian
	2. Medications vomited or spit out and report to parent/guardian

* 1. Medication errors and call Regional Poison Control Center and report to parents/guardian immediately. Error will be recorded on the *( Medication Incident Report Form)*
	2. Side effects or reaction to medication and report to parent/guardian
	3. Name of staff administering medication
	4. Handling and storage of medication
* This facility will follow proper procedures in handling and storage of medications, including:
1. Storing emergency medications totally inaccessible to children but readily available to supervising caregivers/teachers trained to give them; *922 KAR 2:120. Child-care center health and**safety standard,* Section 7, require all medications to be stored locked but accessible (i.e., locked fanny pack)
2. Storing controlled substances (i.e., Ritalin) in locked container with a system in place to keep an accurate accounting
3. Storing all other medications at all times totally inaccessible to children (e.g., locked storage)
4. Storing in a sanitary and orderly manner
5. Storing those that require refrigeration separate from food and sources of contamination

1. Storing separately from staff and household medications
2. Storing away from sources of heat, light or moisture

1. Insuring confidentiality
2. Preparing and distributing medications in a quiet area completely out of access to children

**Returning medication**

* Medication will not be used beyond the date of expiration on the container or beyond any expiration of the instructions provided by the health care provider
* Medications no longer being used will promptly be returned to parents/guardians or discarded
* The amount of controlled substance being returned to the family will be documented

**Applicable**

This policy applies to children, parents, guardians, staff, and volunteers.

**Communication**

This policy will be reviewed with parents upon application and a summary copy will be included in the parent handbook.

This policy will also be reviewed with staff at orientation and annual staff trainin

**References**

Pennsylvania Chapter of the American Academy of Pediatrics. *Model Child Care Health Policies.* Aronson SS, ed. 5th ed. Elk Grove Village, IL: American Academy of Pediatrics; 2014.

APHA & AAP (American Public Health Association & American Academy of Pediatrics). 2011. *Caring for our children-National health and safety performance: Guidelines for out-of-home child care programs. 3rd edition* Washington DC: APHA*.* <http://cfoc.nrckids.org/index.cfm>

Division of Regulated Child Care -922 KAR 2:120 Child Care Health & Safety Standards <http://www.lrc.ky.gov/kar/922/002/120.htm>

Kentucky Child Care Health Consultation <http://www.kentuckycchc.org/>

**Reviewed by:**

|  |
| --- |
| Director/Owner |
| Board Member |
| CCHC/Health Professional |
| Staff Member/Teacher |
| Parent/Guardian |

**Effective Date and Review**

This policy is effective immediately and will be reviewed annually or as needed.