

Sample Policy Activity

NCCCHCA Medication Administration Policy

Belief Statement

Best Practice¹:

- 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.

Intent Statement

This policy is intended to ensure safe administration of medication to children with chronic conditions, mild illnesses or special health needs for whom a plan has been made and the plan has been approved by the Director: Mr. Oscar Meier Weiner.

Background

Almost all children require medication at some point in time. Administration of medication poses a liability and an extra burden for staff, and having medication in the facility is a safety hazard.

Administration of medication requires clear, accurate instruction and knowledge of why a child needs the medicine. Child care providers need to be aware of what the child is receiving, when it is to be given, how to read the label directions in relation to the measured doses, frequency, expiration dates, and be aware of any side effects. This policy applies to all medication administration for any child within the facility.

Procedure/Practice

I. Written Authorization:

1. Medication will be administered only if the parent or legal guardian has provided written, signed and dated consent to include:
 - child's first and last name
 - name of medication
 - time the medication should be given and how often
 - criteria for the administration of the medication
 - how much medication to give
 - manner in which the medication shall be administered (oral, topical, injection, etc.)
 - medical conditions or possible allergic reactions
 - length of time the authorization is valid, if less than six months
2. The length of time the consent is valid:
 - a) Up to six months:
 1. A prescription medication shall be valid for the length of time the medication is prescribed to be taken up to six months.
 2. Prescription or over-the-counter medication, when needed, for chronic medical conditions and for allergic reactions.
 - b) Up to 30 days:
 1. Other over-the-counter medications except as allowed in Items (c),(d),(e), or (f) below:
 - c) Up to 12 months:

1. To apply over-the-counter, topical ointments, gels, lotions, creams, or powders such as sunscreen, diapering creams, baby lotion, baby powder, insect repellent or teething gel to a child, when needed.
- d) Valid for as long as the child is enrolled:
 1. Standing authorization to administer an over-the-counter medication as directed by the North Carolina State Health Director or designee, when there is a public health emergency as identified by the North Carolina State Health Director or designee. This permission will include a statement that the authorization is valid until withdrawn by the parent/guardian in writing.
- e) At any time:
 1. A parent/guardian may withdraw his or her written authorization for the administration of medications at any time in writing.
- f) Standing authorization: (option to omit for best practice)
 1. A written statement signed by the parent/guardian may give standing authorization for a one time weight appropriate dose of acetaminophen if the child has a fever and the parent/guardian can not be reached.
3. If any question arises concerning whether medication provided by the parent/guardian should be given, a physician's note must accompany the medication.
4. Exception to Authorization:

A caregiver may administer medication to a child without parental authorization in the event of an emergency medical condition when the child's parent/guardian is unavailable. The medication must be administered with the authorization and in accordance with instructions from a bona fide medical care provider.³

II. Prescription Medication:²

Prescription medications such as antibiotics, seizure medications or others:

1. Must be administered only to the child for whom they were prescribed.
2. Must be in its original child resistant container labeled by a pharmacist to include:
 - child's first and last name
 - name of medication
 - date prescription was filled
 - name of health professional who wrote the prescription
 - medication expiration date, storage information
 - instructions on administration: dosage amount, frequency, and specific indications for "as needed". (An accompanying sheet with this written information is acceptable. It must bear the child's name and be signed and dated by the physician.) See definitions section for more information.
3. Pharmaceutical samples must be stored in the manufacturer's original packaging, must be labeled with the child's name, and shall be accompanied by written instructions as for all prescriptions.

III. Over-the-Counter Medications:³

Over-the-Counter (OTC) medications such as cough syrup, decongestant, acetaminophen, ibuprofen, topical antibiotic cream for abrasions, or medication for intestinal disorders:

1. Must be in the original container labeled by the parent or legal guardian with the child's first and last names.
2. Must be accompanied by written instructions signed and dated by the parent or guardian specifying:
 - child's first and last name
 - name of the medication
 - conditions for use
 - dose of the medication
 - how often the medication may be given
 - manner in which the ointments, repellents, lotions, creams, and powders shall be applied
 - any precautions to follow
 - length of time the authorization is valid

3. Administered as authorized with specific, legible written instructions by the parent or legal guardian not to exceed amounts and frequency of dosage specified by the manufacturer.
4. If manufacturer's instructions include consultation with a physician for dose or administration instructions, written dosage instructions from a licensed physician or authorized health professional is required.

IV. Medication will not be given if it is:²

1. not in the original container
2. beyond the date of expiration on the container
3. without written authorization
4. beyond expiration of the parental or guardian consent
5. without the written instructions provided by the physician or other health professional legally authorized to prescribe medication
6. in any manner not authorized by the child's parent/guardian, physician or other health professional
7. for non-medical reasons, such as to induce sleep

V. Receipt, Storage and Disposal:^{1,2,5}

1. All medications brought in to the center will be given to the Director for review and approval.
2. Medications will be stored in a sturdy, child-resistant, locked container that is inaccessible to children and prevents spillage.
3. Medications will be stored at the temperature recommended for that type of medication. It shall not be stored above food. A lock box can be kept in a designated refrigerator not accessible to children to hold medications.
4. Emergency medication may be left unlocked so long as they are stored out of the reach of children at least 5 feet above the floor.
5. Non-prescription diaper creams shall be stored out of reach of children at least 5 feet above the floor, but are not required to be in locked storage.
6. Any medication remaining after the course of treatment is completed or authorization is withdrawn will be returned to the parent/guardian within 72 hours or it will be discarded. Contact your Child Care Health Consultant or Health Department for instructions on how to properly discard. If discarded, another staff will witness and sign to the fact it was discarded and how it was discarded.

VI. Training:¹

1. Only staff persons who have documentation of medication administration training by a licensed health care professional will administer medication.
2. A staff member trained in medication administration will be on site at all times when children are present.

VII. Documentation:²

1. A medication log will be maintained in the child's file by the facility staff to record any time prescription or over-the-counter medication is administered by child care facility personnel.
2. The child's name, date, time, amount and type of medication given, and the name and signature of the person administering the medication shall be recorded for each administration.
3. The log may be part of the medication permission slip or on a separate form developed by the provider which includes the required information.
4. Only one medication shall be listed on each form.
5. Spills, reactions, and refusal to take medication will be noted on this log.
6. No documentation shall be required when over-the-counter, topical ointments, gels, lotions, creams, and powders — such as sunscreen, diapering creams, baby lotion, baby powder, topical teething products, or insect repellents — are applied to children.

VII. Medication Error:²

1. In the event of a medication error, the appropriate first aid or emergency action will be taken.

2. Director, parent/guardian, and as needed, the nurse or physician will be notified.
3. A medication error and an incident report will be prepared.

Applicable:

This policy applies to all staff, families, volunteers, and visitors who use the child care services at Laughing Lots Child Care.

Communication:

1. Staff: will review policy, and sign they have reviewed policy during orientation, yearly and if revisions are made.
2. Parent/Guardian: will be notified by letter and handbook and will sign for receipt.

References:

- ¹Caring for Our Children – Second Edition
²NC Child Care Law GS 110-91 and NC Child Care Rule:10A NCAC 09 .0803
³NC GS 110-102.1A
⁴Model Child Care Health Policies 3rd edition
⁵NC Environmental rule: 15A NCAC 18A .2820(d)

Review/Approval:

This policy will be reviewed and approved by:

Owner/ director

date

DCD Consultant

date

Child Care Health Consultant

date

Other as applicable

date

Effective Date: August 7, 2006

Annual Review Date: 08 07 2007

Definition:

II.2 As needed medications: A physician may state that a certain medication may be given for a recurring problem, emergency situation, or chronic condition. The instructions should include the child's name; the name of the medication; the dose of the medication; how often the medication may be given; the conditions for use; and any precautions to follow. For example:

- A child may have sunscreen applied as needed to prevent sunburn;
- A child who wheezes with vigorous exercise may take one dose of asthma medicine before vigorous active (large muscle) play;
- A child with a known serious allergic reaction to a specific substance who develops symptoms after exposure to that substance may receive epinephrine from a staff member who has received training in how to use an auto-injection device prescribed for that child (e.g., EpiPen®).

NC Policy Review: What is missing?	
Instructions: Review a NC MA Policy. Put a check to see if the policy elements listed on this page are present in the policy.	
Title	
Belief Statement	
Intent Statement	
Background	
Procedures	
Authorization	
Prescription	
OTC	
Receipt	
Storage	
Disposal	
Training	
Documentation	
Error	
Applicable	
Communication	
References	
Reviewed by	
Effective Date	
Review Date	

Medication Administration Policy Checklist

- **Title:** A couple of words that describe the content of the policy plus a numerical code, if applicable.
- **Belief Statement:** A brief statement about why the center believes the policy is necessary. A facility may include policy options, best practice or NC law. (Example: XYZ Child Care believes all children have the right to safe medication administration practices in child care.)
- **Intent Statement:** An explanation of the purpose of the policy. (Example: This policy is intended to prevent errors in medication administration and provide child care providers with a plan in case of an emergency.)
- **Background:** A description of why the policy was developed. Not every policy will have a background statement.
- **Procedure/Practice:** Action steps necessary to accomplish what the policy recommends.
 - Written Authorization
 - Prescription Medication
 - Receipt
 - Disposal
 - Training/Who will give medication
 - Written/Telephone Instructions
 - Over-the-Counter Medication
 - Storage
 - Documentation
 - Medication Error
- **Applicable:** To whom does the policy apply? (Children, staff, families, etc)
- **Communication:** How are families/staff informed about the policy? (Parent handbook, newsletter, etc)
- **References:** What information was used to develop the policy or procedure? (Books, journal articles, Internet sources, etc)
- **Review:** Who reviews policies at the center? (Director, CCHC, legal advisor, board, policy council, etc.) Each of these people need a professional signature and date.
- **Effective Date:** When will the policy be put into effect?
- **Review Date:** How often will the center review the policy? (Every 6 months, every year, etc)