

Medication Administration in Child Care Policy and Procedures

PURPOSE: *This policy was written to encourage communication between the parent, the child's health care provider and the child care provider to assure maximum safety in the giving of medication to the child who requires medication to be provided during the time the child is in child care.*

INTENT: *Assuring the health and safety of all children in our Center is a team effort by the child care provider, family, and health care provider. This is particularly true when medication is necessary to the child's participation in child care. Therefore, an understanding of each of our responsibilities, policies and procedures concerning medication administration is critical to meeting that goal.*

GUIDING PRINCIPLES and PROCEDURES:

1. When ever possible, it is best that medication be given at home. Dosing of medication can frequently be done so that the child receives medication prior to going to child care, and again when returning home and/or at bedtime. The parent/guardian is encouraged to discuss this possibility with the child's health care provider.
2. The first dose of any medication should always be given at home and with sufficient time before the child returns to child care to observe the child's response to the medication given. When a child is ill due to a communicable disease that requires medication as treatment, the health care provider may require that the child be on a particular medication for 24 hours before returning to child care. This is for the protection of the child who is ill as well as the other children in child care.
3. Medication will only be given when ordered by the child's health care provider and with written consent of the child's parent/legal guardian. A "Permission to Give Medication in Child Care" form is attached to this policy and will hereafter be referred to as Permission Form. All information on the Permission Form must be completed before the medication can be given. Copies of this form can be duplicated or requested from the child care provider.
4. "As needed" medications may be given only when the child's health care provider completes a Permission Form that lists specific reasons and times when such medication can be given.
5. Medications given in the Center will be administered by a staff member designated by the Center Director and will have been informed of the child's health needs related to the medication and will have had training in the safe administration of medication.
6. Any prescription or over-the-counter medication brought to the child care center must be specific to the child who is to receive the medication, in its original container, have a child-resistant safety cap, and be labeled with the appropriate information as follows:
 - ✓ Prescription medication must have the original pharmacist label that includes the pharmacist's phone number, the child's full name, name of the health care provider prescribing the medication, name and expiration date of the medication, the date it was prescribed or updated, and dosage, route, frequency, and any special instructions for its administration and/or storage. It is suggested that the parent/guardian ask the pharmacist to provide the medication in two containers, one for home and one for use in child care.
 - ✓ Over-the-counter (OTC) medication must have the child's full name on the container, and the manufacturer's original label with dosage, route, frequency, and any special instructions for administration and storage, and expiration date must be clearly visible.
 - ✓ Any OTC without instructions for administration specific to the age of the child receiving the medication must have a completed Permission Form from the health care provider prior to being given in the child care center.
7. Examples of over-the-counter medications that may be given include:
 - ✓ Antihistamines
 - ✓ Decongestants
 - ✓ Non-aspirin fever reducers/pain relievers
 - ✓ Cough suppressants
 - ✓ Topical ointments, such as diaper cream or sunscreen
8. All medications will be stored:
 - ✓ Inaccessible to children
 - ✓ Separate from staff or household medications
 - ✓ Under proper temperature control
 - ✓ A small lock box will be used in the refrigerator to hold medications requiring refrigeration.

9. For the child who receives a particular medication on a long-term daily basis, the staff will advise the parent/guardian one week prior to the medication needing to be refilled so that needed doses of medication are not missed.
10. Unused or expired medication will be returned to the parent/guardian when it is no longer needed or be able to be used by the child.
11. Records of all medication given to a child are completed in ink and are signed by the staff designated to give the medication. These records are maintained in the Center. Samples of the forms used are attached to this policy and include:
 - ✓ Permission to Give Medication in Child Care
 - ✓ Universal Child Health Record
 - ✓ Emergency Contact Sheet
 - ✓ Medication Administration Log
 - ✓ Medication Incident/Error Report
12. Information exchange between the parent/guardian and child care provider about medication that a child is receiving should be shared when the child is brought to and pick-up from the Center. Parents/guardians should share with the staff any problems, observations, or suggestions that they may have in giving medication to their child at home, and likewise with the staff from the center to the parent/guardian.
13. Confidentiality related to medications and their administration will be safeguarded by the Center Director and staff. Parents/guardians may request to see/review their child's medication records maintained at the Center at any time.
14. Parent/guardian will sign all necessary medication related forms that require their signature, and particularly in the case of the emergency contact form, will update the information as necessary to safeguard the health and safety of their child.
15. Parent/guardian will authorize the Director or Director Designee to contact the pharmacist or health care provider for more information about the medication the child is receiving, and will also authorize the health care provider to speak with the Director or Director's designee in the event that a situation arises that requires immediate attention to the child's health and safety particularly if the parent/guardian cannot be reached.
16. Parent/guardian will read and have an opportunity to discuss the content of this policy with the Director or Director's designee. The parent signature on this policy is an indication that the parent accepts the guidelines and procedures listed in this policy, and will follow them to safeguard the health and safety of their child. Parent/guardian will receive a copy of the signed policy including single copies of the records referenced in this policy.
17. The Medication Administration in Child Care Policy will be reviewed annually by the following:
18.
 - Child Care Director _____
 - Licensing Consultant _____
 - Child Care Health Consultant _____
 - Parent/guardian _____
 - Other(specify) _____
 - Other(specify) _____

EFFECTIVE DATE OF THIS POLICY:	PARENT SIGNATURE:	DATE:
	PARENT SIGNATURE:	DATE:
	CENTER DIRECTOR/DESIGNEE SIGNATURE:	DATE:

REFERENCES: Information for the Medication Administration in Child Care Policy was derived from the current *Manual of Requirements for Child Care Centers in New Jersey and Caring For Our Children—The National Health and Safety Performance Standards for Out-of-Home Child Care Programs*, second edition.

CARE PLAN FOR CHILDREN WITH SPECIAL HEALTH NEEDS

-To be completed by a Health Care Provider-

	Today's Date
Child's Full Name	Date of Birth
Parent's/Guardian's Name	Telephone No. ()
Primary Health Care Provider	Telephone No. ()
Specialty Provider	Telephone No. ()
Specialty Provider	Telephone No. ()
Diagnosis(es)	
Allergies	

ROUTINE CARE

Medication To Be Given at Child Care	Schedule/Dose (When and How Much?)	Route (How?)	Reason Prescribed	Possible Side Effects

List medications given at home:

NEEDED ACCOMMODATION(S)

Describe any needed accommodation(s) the child needs in daily activities and why:

Diet or Feeding: _____

Classroom Activities: _____

Naptime/Sleeping: _____

* Toileting: _____

Outdoor or Field Trips: _____

Transportation: _____

Other: _____

Additional comments: _____

CARE PLAN FOR CHILDREN WITH SPECIAL HEALTH NEEDS
Continued

SPECIAL EQUIPMENT / MEDICAL SUPPLIES

1. _____
2. _____
3. _____

EMERGENCY CARE

CALL PARENTS/GUARDIANS if the following symptoms are present:

CALL 911 (EMERGENCY MEDICAL SERVICES) if the following symptoms are present, as well as contacting the parents/guardians:

TAKE THESE MEASURES while waiting for parents or medical help to arrive:

SUGGESTED SPECIAL TRAINING FOR STAFF

Health Care Provider Signature

Date

PARENT NOTES (OPTIONAL)

I hereby give consent for my child's health care provider or specialist to communicate with my child's child care provider or school nurse to discuss any of the information contained in this care plan.

Parent/Guardian Signature

Date

Important: *In order to ensure the health and safety of your child, it is vital that any person involved in the care of your child be aware of your child's special health needs, medication your child is taking, or needs in case of a health care emergency, and the specific actions to take regarding your child's special health needs.*

OOL/TECHNICAL ASSISTANCE FORM/NJDOH/CH-15/MAY BE USED AS A RESOURCE/2017

MEDICATION ADMINISTRATION RECORD

Center Name: <i>Leapfrog Learning Center</i>		
Child's Name:	Allergies:	Weight:
Health Care Provider:	Phone:	

Date:	Time:	Name of Medication:	Dose:	Given By:	Reactions/Observations:

The 5 Rights to Giving Medications to Children in Child Care

The 5 Rights

<p>CHILD</p> <p>“Is this the right child— even though you think you know—you must check?”</p>	<ul style="list-style-type: none"> • Do you know the child’s first and last name? • Is this the same child whose full name appears on the: <ul style="list-style-type: none"> ✓ Health care provider form ✓ Parental permission form ✓ Medication container label • When unsure as to the identity of the child: <ul style="list-style-type: none"> ✓ Photo record of child to verify identity with the Director of the child care agency, or designee who knows the child to confirm the identity of the child
<p>MEDICINE</p> <p>“Is this the correct Medicine?”</p>	<ul style="list-style-type: none"> • Does the label on the medication container match the name of the medication as it appears on the Permission to Administer Medication form? <ul style="list-style-type: none"> ✓ The health care provider communication section ✓ The parental permission section • What is the expiration date on the medication container label? Has the medication expired?
<p>DOSE</p> <p>“Are you giving the exact amount of medicine?”</p>	<ul style="list-style-type: none"> • Does the dose follow the directions on the permission form and the medication container label? <ul style="list-style-type: none"> ✓ The health care provider communication section ✓ The parental permission section ✓ The medication container • Is the dose clearly stated? • Do you have the correct measuring device to give the medication?
<p>ROUTE</p> <p>“Are you using the proper method to give the medicine?”</p>	<ul style="list-style-type: none"> • How is this medication to be given? (By mouth, ear, eye, nose or applied to the skin) • Does the route of administration match in all the appropriate places? <ul style="list-style-type: none"> ✓ The health care provider communication form ✓ The parental permission form ✓ The medication container
<p>TIME</p> <p>“Is it the correct time to give the medicine?”</p>	<ul style="list-style-type: none"> • When was the last time the medicine was reported to have been given by the parent? • When was the last time the medicine was given as recorded on the Medication Administration Record? • Does the time match the instructions in all the appropriate places? <ul style="list-style-type: none"> ✓ The health care provider communication form ✓ The parental permission form ✓ The medication container • Are there specific instructions as to when or how the medication is to be given? Such as with food, on an empty stomach, or before/after eating. • If the medicine is to be given “as needed”, does the child have symptoms that match the directions on the health care provider communication and parental permission forms?