



## POLICY AND PROCEDURE FOR MEDICATION ASSISTANCE

### Policy

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; (5) Safety practices. All staff and consultants follow appropriate practices to keep children safe during all activities, including, at a minimum: (iv) Only releasing children to an authorized adult, and; (v) All standards of conduct described in §1302.90(c). *Head Start Performance Standards 1302.47(b)(4)(i)(C)(D)(5)(iv-v)*.

What does “medication” refer to in this division? In this division, medication means: (1) A prescription medication; or (2) A non-prescription medication, excluding topical ointments such as diaper ointment, insect repellent, or sunscreen. What authorization must I obtain before administering a medication to a child in my care? (a) Authorization to administer medication to a child in your care must be obtained from the child’s parent: 1) In writing, signed and dated; (2) In an electronic format that is capable of being viewed and saved; or (3) By telephone to administer a single dose of a medication. (b) Authorization to administer medication expires on the first anniversary of the date the authorization is provided. (c) The child’s parent may not authorize you to administer medication in excess of the medication’s label instructions or the directions of the child’s health-care professional. (d) Parent authorization is not required if you administer a medication to a child in a medical emergency to prevent the death or serious bodily injury of the child, provided that you administer the medication as prescribed, directed, or intended. (a) Medication must be given: As stated on the label directions; or (2) As amended in writing by the child’s health-care professional. (b) Medication must: (1) Be in the original container labeled with the child’s full name and the date brought to the operation; (2) Be administered only to the child for whom it is intended; and (3) Not be administered after its expiration date. (c) When you administer medication to a child in your care, you must record the following: (1) Full name of the child to whom the medication was given; (2) Name of the medication; (3) Date, time, and amount of medication given; and (4) Full name of the employee administering the medication. (d) You must keep all medication records for at least three months after administering the medication. How must I store medication that I administer to a child? You must store medications as follows: (1) Keep it out of the reach of children or in locked storage; (2) Store it in a manner that does not contaminate food; and (3) Refrigerate it, if refrigeration is required, and keep it separate from food. How long may I keep the medication that I administer to a child? You must dispose of the medication or return it to the parent when the child withdraws from the child-care center, or when the medication is out-of-date or is no longer required for the child. Do I have to notify parents if I do not want to administer medications? Yes. If you choose not to administer medication to children, you must inform the parents of this policy in writing before the child’s enrollment. What are my requirements regarding specialized medical



assistance? (a) If a child in your care requires specialized medical assistance, then you are required to provide specialized medical assistance as recommended or ordered by a health-care professional. (b) If you are provided with a written copy of the health-care professional's recommendations or orders, you must maintain this written information in the child's record for at least three months after the health-care professional has indicated that the specialized medical assistance is no longer needed. What is a food allergy emergency plan? A food allergy emergency plan is an individualized plan prepared by the child's health care professional that includes: (1) a list of each food the child is allergic to; (2) possible symptoms if exposed to a food on the list; and (3) the steps to take if the child has an allergic reaction. When must I have a food allergy emergency plan for a child? You must have a food allergy emergency plan for each child with a known food allergy that has been diagnosed by a health-care professional. The child's health care professional and parent must sign and date the plan. You must keep a copy of the plan in the child's file. *Minimum Standards for Child Care Centers 746.3801, 746.3803, 746.3805, 746.3807, 746.3809, 746.3811, 746.3815, 746.3817, and 746.3819.*

Based on the above policies UTRGV-PSJA-EHS-CCP Program staff will administer medication to children as per Licensing Requirements.

## Procedure

1. The Early Head Start (EHS) Child Care Center must have an authorization form signed by the parent to administer the medication to the child as per healthcare provider's instructions on the medication bottle. The form is only valid for one year and must be filled out annually.
2. Parent authorization is not required if you administer a medication to a child in a medical emergency to prevent the death or serious bodily injury of the child, provided that you administer the medication as prescribed, directed, or intended.
3. Medication can only be given per the instructions on the label of the medication bottle or as per written instructions per the health care provider.
4. The medication will be stored in the Center Manager or Center Director's designated location outside the EHS classroom. If the medication needs to be stored in a refrigerator it will be stored in separate from food.
5. The medication must be for the intended child and can only be administered to the person it was prescribed to.
6. The medication cannot be administered passed the expiration date.
7. The EHS staff must document on the Caregiver's Record of Medication Authorization (CCL-7255) the full name of the child, the name of the medication, date, time and amount of medication administered.
8. If a child withdraws or if the medication expires, it must be disposed of or returned to parent of the child.
9. The EHS staff must also put their full name on the CCL-7255 form and the form must be kept for at least 3 months after administering the medication.
10. If a child in your care requires specialized medical assistance, (example, Plan of actions, seizure, asthma, allergy) then the Caregiver is required to provide specialized medical assistance as recommended or ordered by a healthcare provider. If the EHS Center is provided with a written copy of the healthcare providers recommendations or orders, the EHS Center must maintain copies of the written information in the child's family file and the



original stored by the Center Manager or Center Director for at least three months after the healthcare provider has indicated that the specialized medical assistance is no longer needed.

#### Procedure for Allergy Emergency Plan

1. If a child has an allergy emergency plan it must be stored in the family file and in the child's ChildPlus electronic file.
2. The Allergy Emergency Plan must have a list of each food the child is allergic to.
3. Possible symptoms if exposed to the food on the list and the steps to take if the child has an allergic reaction.

**Children with food allergies are at risk when they eat foods which have not been prepared or served by their own parent or a childcare center employee who has knowledge of the food ingredients and individual children's needs.**

#### Procedure for Medication Error

1. EHS staff will notify the child's health care provider and follow his/her instructions.
2. Staff will know the name of the medication and the dosage given.
3. Staff will notify the child's parents and explain the error.
4. Staff will notify Center Manager or Center Director.
5. Staff will document using the Incident/Illness Report. If an EHS staff member gave a medication by error then the Center Manager or Center Director will have to provide suggestions for future prevention of the incident and document any actions taken.
6. Staff will use the Incident Report to document the time child left the center with the parent and the child's condition at the time he/she left (alert, talking, no apparent effects of medication, drowsy, slurred speech, recognized parent, or taken to hospital at 3:20 P.M., etc.).
7. Notify the Center Manager or Center Director and the Grantee Directors.

#### The Five "R"s:

1. EHS staff must know the five "R's" of medication administration: **Right child, Right time, Right dose, Right route, and Right medication.**
2. Designated staff will administer medication and document on the Medication Administration Log the name of the child, medication, physician, then the prescription number, expiration date, dosage, time to be administered and date medication administration ends.
3. Staff will check the allergy list to make sure the child is not allergic to medication.
4. Each time medication is administered staff will document the date, their name, signature, dosage and time given on the Medication Administration Log.
5. Staff will not administer medication to a child who is crying or fighting. This increases chances of choking. Notify the physician and determine administration of medication.
6. Staff will use Medication Administration Log and document not given, the reason, and notify parents and physician when medication is given.
7. Staff will document on the Medication Administration Log any observable side effects and notify accordingly.

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8. Staff will document identified side effects on Incident Report, notify parent immediately and give them a copy.