Medication Administration Webinar

June 3, 2015  1 – 2:30 pm  Handouts – Part I

Agenda

DPW Regulations

ADA FAQ

Medication Administration packet – 3 pages

Healthy Futures sample policy

*Model Child Care Health Policies*  sample policy  p. 75-76

Aware Rx Drug Disposal for Consumer
Medication Administration Webinar

June 3, 2015  1 – 2:30 pm / June 10, 2015  1 – 2:30 pm Agenda

Part 1: June 3, 2015

Introduction and Warm-Up
Objectives
Present Concerns

Background and Preparation
Laws and Regulations
Responsibility Triangle
Types of Medication

Administration
Policies and Forms
Confidentiality
Receiving, Storing and Disposing of Medication

Assignment
• Review your program’s present medication administration policies, forms used for documentation, parent handbook and procedures
• Submit questions or concerns about implementation of changes

Part 2: June 10, 2015

Review of Submitted Questions
Administration
Medication Administration Procedure

Documentation and Problem Solving
Recording Information
Making and Recording Observations
Medication Errors, Side Effects and Incidents
Inappropriate Requests

Summary and Next Steps
§ 3270.133. Child medication and special diets.

The operator shall make reasonable accommodation in accordance with applicable Federal and State laws to facilitate administration of medication or a special diet that is prescribed by a physician, physician’s assistant or CRNP as treatment related to the child’s special needs. Facility persons are not required to administer medication or special diets which are requested or required by a parent, a physician, a physician’s assistant or a CRNP but are not treatment related to the child’s special needs. When medication or special diets are administered, the following requirements apply:

1. A prescription or nonprescription medication may be accepted only in an original container. The medication must remain in the container in which it was received.
2. A staff person shall administer a prescription medication only if written instructions are provided from the individual who prescribed the medicine. Instructions for administration contained on a prescription label are acceptable.
3. The label of a medication container must identify the name of the medication and the name of the child for whom the medication is intended. Medication shall be administered to only the child whose name appears on the container.
4. Medication shall be stored in a locked area of the facility or in an area that is out of the reach of children.
5. Medication shall be stored in accordance with the manufacturer’s or health professional’s instructions on the original label.
6. A parent shall provide written consent for administration.
7. An operator is responsible to establish and maintain a medication log if prescription or nonprescription medication is administered. A log must include the following minimum information:
   (i) The name of the medication.
   (ii) The name of the child receiving the medication.
   (iii) A requirement for refrigeration.
   (iv) The amount of medication administered.
   (v) The date of administration.
   (vi) The time of administration.
   (vii) The initials of the staff person who administered the medication.
   (viii) Special notes related to problems of administration.
8. If a special diet is prescribed for a child and if the diet is administered to the child, written instructions and the parent’s written consent shall be retained in the child’s file.

Authority: The provisions of this § 3270.133 amended under Articles IX and X of the Public Welfare Code (62 P. S. § 901—922 and 1001—1087).

AMERICANS WITH DISABILITIES ACT
COMMONLY ASKED QUESTIONS RELATED TO GIVING MEDICINE IN CHILD CARE

The Americans with Disabilities Act (ADA), passed July 26, 1990 as Public Law 101-336 (42 U.S.C. Sec. 12101 et seq.), became effective on January 26, 1992. The ADA requires that child care provider/directors not discriminate against persons with disabilities on the basis of disability, that is, that they provide children and parent/guardians with disabilities with an equal opportunity to participate in child care programs and services. Child care facilities must make reasonable modifications to their policies and practices, such as giving medicine, to integrate children with disabilities.

1. Q: Does the Americans with Disabilities Act -- or “ADA” -- apply to child care centers? What about family child care homes?
A: Yes. Almost all child care facilities, even small, home-based centers regardless of size or number of employees, must comply with title III of the ADA. Child care services provided by government agencies must comply with title II. The exception is child care centers that are actually run by religious entities such as churches, mosques, or synagogues. Activities controlled by religious organizations are not covered by title III.

2. Q: Our facility has a policy that we will not give medication to any child. Can I refuse to give medication to a child with a disability?
A: No. In some circumstances, it may be necessary to give medication to a child with a disability in order to make a program accessible to that child. Disabilities include any physical or mental impairment that substantially limits one or more major life activities including asthma, diabetes, seizure disorders, or attention deficit hyperactivity disorder (ADHD).

3. Q: What about children who have severe, sometimes life-threatening allergies to bee stings or certain foods? Do we have to take them?
A: Generally, yes. Children cannot be excluded on the sole basis that they have been identified as having severe allergies to bee stings or certain foods. A child care facility needs to be prepared to take appropriate steps in the event of an allergic reaction, such as administering a medicine called “epinephrine” that will be provided in advance by the child’s parents or guardians.

4. Q: What about children with diabetes? Do we have to admit them to our program? If we do, do we have to test their blood sugar levels?
A: Generally, yes. Children with diabetes should not be excluded from the program on the basis of their diabetes. Providers should obtain written authorization from the child’s parents or guardians and physician and follow their directions for simple diabetes-related care. In most instances, they will authorize the provider to monitor the child’s blood sugar – or “blood glucose”. The child’s parents or guardians are responsible for providing all appropriate testing equipment, training, and special food necessary for the child.

5. Q: What about children with asthma? Do we have to admit them to our program?
A: Generally, yes. Children with asthma should not be excluded from the program on the basis of their medical condition. Providers should obtain written authorization from the child’s parents or guardians and physician and follow their directions for asthma care.

6. Q: Are there any reference books or video tapes that might help me further understand the obligations of child care providers under title III?
A: Yes, the Arc published All Kids Count: Child Care and the ADA, which addresses the ADA’s obligations of child care providers. Copies are available by calling 1-800-433-5255. For general information child care providers may call the Department of Justice Information Line at 1-800-514-0301.

Source: The ADA Home Page: www.usdoj.gov/crt/ada/adahom1.htm
**Child’s Information**

<table>
<thead>
<tr>
<th>Name of Facility/School</th>
<th>Name of Child (First and Last)</th>
<th>Name of Medicine</th>
<th>Reason medicine is needed during school hours</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Dose</th>
<th>Route</th>
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</table>

<table>
<thead>
<tr>
<th>Time to give medicine</th>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Additional instructions</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Date to start medicine</th>
<th>Stop date</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Known side effects of medicine</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Plan of management of side effects</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Child allergies</th>
</tr>
</thead>
</table>

**Prescriber’s Information**

<table>
<thead>
<tr>
<th>Prescribing Health Professional’s Name</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Phone Number</th>
</tr>
</thead>
</table>

**Permission to Give Medicine**

I hereby give permission for the facility/school to administer medicine as prescribed above. I also give permission for the caregiver/teacher to contact the prescribing health professional about the administration of this medicine. I have administered at least one dose of medicine to my child without adverse effects.

<table>
<thead>
<tr>
<th>Parent or Guardian Name (Print)</th>
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<table>
<thead>
<tr>
<th>Parent or Guardian Signature</th>
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<table>
<thead>
<tr>
<th>Address</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Home Phone Number</th>
<th>Work Phone Number</th>
<th>Cell Phone Number</th>
</tr>
</thead>
</table>

Adapted with permission from the NC Division of Child Development to the Department of Maternal and Child Health at the University of North Carolina at Chapel Hill, Connecticut Department of Public Health, and Healthy Child Care Pennsylvania.
Receiving Medication
PAGE 2—TO BE COMPLETED BY CAREGIVER/TEACHER

Name of child ___________________________________________________________________________________________
Name of medicine ________________________________________________________________________________________
Date medicine was received _____/_____/_____
Weight of child ____________________________________

Safety Check


☐ 2. Original prescription or manufacturer’s label with the name and strength of the medicine.

☐ 3. Name of child on container is correct (first and last names).

☐ 4. Current date on prescription/expiration label covers period when medicine is to be given.

☐ 5. Name and phone number of licensed health care professional who ordered medicine is on container or on file.

☐ 6. Copy of Child Health Record is on file.

☐ 7. Instructions are clear for dose, route, and time to give medicine.

☐ 8. Instructions are clear for storage (eg, temperature) and medicine has been safely stored.

☐ 9. Child has had a previous trial dose.

Y ☐ N ☐ 10. Is this a controlled substance? If yes, special storage and log may be needed.

________________________________________________________________________________________________________
Caregiver/Teacher Name (Print)

________________________________________________________________________________________________________
Caregiver/Teacher Signature
**Medication Log**

**PAGE 3—TO BE COMPLETED BY CAREGIVER/TEACHER**

Name of child ______________________________________________________ Weight of child _____________

<table>
<thead>
<tr>
<th>Medicine</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date</td>
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</tr>
<tr>
<td>Actual time given</td>
<td>AM _______</td>
<td>AM _______</td>
<td>AM _______</td>
<td>AM _______</td>
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<td>PM _______</td>
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<tr>
<td>Dosage/amount</td>
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<td></td>
</tr>
<tr>
<td>Route</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Staff signature</td>
<td></td>
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</tr>
</tbody>
</table>

**Describe error/problem in detail in a Medical Incident Form. Observations can be noted here.**

<table>
<thead>
<tr>
<th>Date/time</th>
<th>Error/problem/reaction to medication</th>
<th>Action taken</th>
<th>Name of parent/guardian notified and time/date</th>
<th>Caregiver/teacher signature</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

**RETURNED to parent/guardian**

<table>
<thead>
<tr>
<th>Date</th>
<th>Parent/guardian signature</th>
<th>Caregiver/teacher signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>/ /</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**DISPOSED of medicine**

<table>
<thead>
<tr>
<th>Date</th>
<th>Caregiver/teacher signature</th>
<th>Witness signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>/ /</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Sample Policy Activity
NCCCHCA Medication Administration Policy

Belief Statement

Best Practice:

- 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.

II. Prescription Medication:

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:

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

Adapted from © NC CHHS Association
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:

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. All medications brought into 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. 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:

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:

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:**
2. NC Child Care Law GS 110-91 and NC Child Care Rule: 10A NCAC 09 .0803
3. NC GS 110-102.1A
4. Model Child Care Health Policies 3rd edition
5. NC Environmental rule: 15A NCAC 18A .2820(d)

**Review/Approval:**
This policy will be reviewed and approved by:

Owner/director

DCD Consultant

Child Care Health Consultant

Other as applicable

**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®).
<table>
<thead>
<tr>
<th>NC Policy Review: What is missing?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Instructions: Review a NC MA Policy. Put a check to see if the policy elements listed on this page are present in the policy.</td>
</tr>
<tr>
<td>Title</td>
</tr>
<tr>
<td>Belief Statement</td>
</tr>
<tr>
<td>Intent Statement</td>
</tr>
<tr>
<td>Background</td>
</tr>
<tr>
<td>Procedures</td>
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<tr>
<td>Authorization</td>
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<tr>
<td>Prescription</td>
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<tr>
<td>OTC</td>
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<td>Receipt</td>
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<tr>
<td>Storage</td>
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<tr>
<td>Disposal</td>
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<tr>
<td>Training</td>
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</tr>
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<td>Effective Date</td>
</tr>
<tr>
<td>Review Date</td>
</tr>
</tbody>
</table>

Adapted from © 2006 UNC-CH/MCH and NC DHHS/DCD
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)

Adapted from © 2006 UNC-CH/MCH and NC DHHS/DCD
c. **Developmental/Behavioral Disabilities**: For children with developmental or behavioral concerns, the program staff and the child's parents/legal guardians complete the Behavioral Data Collection Sheet to describe the teacher's/caregiver's observations of the child. Parents/legal guardians take this form and a copy of the Special Care Plan for a Child With Behavioral Concerns form to their child's health care professional. Parents/legal guardians ask the child's health care professionals to complete the Special Care Plan and return the completed form to the child's teacher/caregiver. Staff members use the information to coordinate the child's care with the care the family provides at home. (See Section 10.E.1: Care Plan and www.ecels-healthychildcarepa.org/tools/forms for the checklist.)

F. **Medication Administration**

1. **Acceptable Requests for Medication Administration**

   a. **Limitation of Situations That Require Medication Administration by Program Staff Members**: Because administration of medication poses an extra burden for staff and having medication in the facility is a safety hazard, medication administration is limited to situations for which an agreement to give medicine outside child care hours cannot be made. Whenever possible, the first dose of medication should be given at home to see if the child has any type of reaction. Parents/legal guardians may administer medication to their own child during the child care day.

   b. **Requirement for an Instruction or Prescription From a Licensed Health Care Professional**: Medication administration at this facility is limited to prescription or nonprescription (over-the-counter) medications ordered by a prescribing health care professional for a specific child and accompanied by written consent of the parent/legal guardian. The written order of the health professional must specify the medical reason for the medication, name of the medication, dose, route, when (ie, part of the day), for how long the medication is required (ie, number of days), and any reactions or side effects that might occur. Medications must be in their original pharmacy- or manufacturer-supplied container with a label that includes the child's name, date the medication was issued and when it expires, prescriber's name, dose/instructions, pharmacy name and phone number, and relevant warnings. Homemade or folk remedies are not accepted.

   c. **Nonprescription Sunscreens, Diaper Creams, and Insect Repellents**: These products require written parent/legal guardian consent but do not require a written order from a health care professional. (See consent forms for sunscreen and insect repellent at www.ucsfchildcarehealth.org/pdfs/forms/Sunscr_SunSm.pdf and www.ucsfchildcarehealth.org/pdfs/forms/insectrep.pdf, respectively.)

2. **Symptom-Triggered Medication Administration**: A licensed prescribing health care professional 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, name of the medication, dose of the medication, route, how often the medication may be given, conditions for use, and any precautions to follow. Any medication with instructions that state that the medication may be used whenever needed must be reviewed and renewed by the prescribing licensed health care professional at least annually. Standing orders for medication (ie, orders written in advance by a health care professional that describe the procedure to follow in defined situations) can be implemented only if the instructions for administration of the medication are clearly defined in the child's special care plan. An example of standing orders is a child who wheezes with vigorous exercise who 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 (eg, EpiPen).
3. **Staff Members Authorized to Give Medication in This Facility:**

are the only people at this facility authorized to give medication. They have received training that includes the content provided in the Healthy Futures medication administration workshop curriculum or e-learning self-learning module provided by the AAP at www.healthychildcare.org/HealthyFutures.html and have demonstrated to a licensed health care professional the skills required to administer medication. (See the Medication Administration Observation Checklist at www.ecels-healthychildcarepa.org/tools/checklists.)

4. **Storage of Medications:** Medications are kept at the temperature recommended for that type of medication in a sturdy, child-resistant, closed container away from food or chemicals. The storage arrangement is inaccessible to children and prevents spillage.

5. **Expired Medications:** Medication is not used beyond the date of expiration on the container or beyond any expiration of the instructions provided by the physician or other person legally permitted to prescribe medication.

6. **Documentation of Medication Administration:**

checks for the required information on the medication container and any accompanying instructions before accepting the medication. Medication is then stored properly and arrangements are made to administer and document the administration of each dose given as required. (See Appendix X: Medication Administration Packet.)

7. **Medication Errors and Reactions to Medications**

a. **Preventing Medication Errors:** Errors are prevented by checking and documenting the following 5 items each time medication is given:
   
   i. Right child
   
   ii. Right medicine
   
   iii. Right dose
   
   iv. Right time
   
   v. Right route of administration

b. **When a medication error occurs,**

contacts the regional poison control center and the child's parents immediately. The error and what was done to handle it is documented in the child's record at the facility.

8. **Medication Incidents:** These incidents (eg. spitting out medication, spilling medication, a reaction to medication) are documented in the medication record for the child.
Prevent accidental or intentional use of unwanted medications by disposing of them safely. There are generally three options for residents to safely and legally dispose of unwanted, expired, or unneeded medications:

1. **Take them to a local medication disposal program, police department drop box, or local medication take-back event.**
   Find locations by state by visiting [www.AWARERX.Org](http://www.AWARERX.Org) and clicking Get Local.

2. **Take them to a participating collection site on a designated Drug Enforcement Administration National Prescription Drug Take-Back Day.**

3. **If neither of the above options are available, follow local or Food and Drug Administration guidelines for disposing of unwanted medications in the home. In summary:**
   - Check the label and follow any instructions for safe disposal provided.
   - Do not flush the drugs down the toilet, unless the label says to flush them.
   - If there are no instructions on the label, take the medication out of the container and mix with an undesirable substance, such as used coffee grounds or cat litter. Seal the mixture in a sealable bag, empty can, or other container that can be disposed of in the home garbage. Also scratch out all identifying information on the prescription label before throwing away the container.

**Safe Syringe, Sharps, and Lancet Disposal**

Safely managing and disposing of household generated sharps reduces pollution to the environment and prevents injury and disease transmission from needle-sticks. Similar to prescription drugs, many states have options available for safe sharps disposal such as drop boxes, hazardous waste sites, mail-back programs, and syringe exchange programs.

If there are no other disposal methods available, needles may be safely disposed at home:

- Place used sharps in an empty household container such as a laundry detergent bottle, bleach bottle, or other opaque sturdy container with a screw-top lid.
- Insert the needles point-first, mark the bottle “Do Not Recycle,” and store with the cap screwed on.
- When the container is half-full, seal the cap with duct tape and place in the garbage (not recycling). Never place loose needles, syringes, or lancets in the trash.

Due to the injury and health risks it places on garbage facility workers, disposing of needles in the trash is the least desirable method. Although placing sharps in the regular trash may be allowable under state rule, some municipalities prohibit this disposal method or require special notification and instructions. Please check with your local government first.

**In California, Massachusetts, Oregon, and Wisconsin, it is illegal to dispose of needles in the trash.**

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