

**Area:** Health Services

**Subject:** HS03 - Medication Administration

**Reference:** 1304.22 (c)(1-6) /Title 21 USC (United State Code)/  
Title 22 Regulation 101226 (e)

**Policy:** SCOE, Delegate and Partner agencies will establish and maintain written procedures regarding the administration, handling and storage of medication for every child who require medication at facility. The program may modify these procedures as necessary to satisfy State or Tribal laws, but only where such laws are consistent with Federal laws.

**Procedure:**

1. For children requiring medication during program hours, the following steps will be taken:
  - a. Designated health staff will identify children requiring medication at the facility and collaborate with parent/guardian and child's primary care physician to complete the Child Asthma Plan form (for children diagnosed with asthma) and Consent for Nebulizer Care form /or Individual Health Care Plan and Consent for Medication Administration form (for children diagnosed with medical condition other than asthma).
    - i. Consent for Medication Administration/Child Asthma Plan shall be filled out and signed by both prescribing physician and parent/guardian prior to any medication being brought into the facility. Physician completes section, identifies condition(s), name of drug, dosage, time, route of administration, and possible reactions/side effects. **The physician must sign and date the forms.** Parent/Guardian will read and sign/date release.
    - ii. Form shall be distributed as follows:
      - Original to be filed in the child's health file
      - Copy stored with the medication or medication binder
      - Copy to the parent/guardian
      - Copy kept with emergency card in case of facility evacuation
  - b. Prior to Educators administering any medication, they will have been trained in the administration of the medication and potential side effects that could occur by designated health staff. The "Six Rights of Medication Administration" will be observed when medication is administered:
    - Right child
    - Right medication
    - Right dose
    - Right route
    - Right time
    - Right documentation

Designated health staff shall maintain documentation of staff training annually, and as needed, by completion of Staff Training Sign-in Sheets, Contact Logs, Individual Health

Care Plan/Child Asthma Plan, Consent/Verification for Nebulizer Care when required for children receiving inhaled medication as specified by Community Care Licensing. Upon completion of medication administration training, staff who will be administering medications must be able to display a working knowledge of how to administer the medication and use of any necessary equipment (i.e.: inhaler/nebulizer, etc.)

- c. Completed Medication forms shall be kept in the child's health file at the facility. Designated health staff shall indicate on the Medication Chart form the name of child, medication, dosage, route, time, and effects/adverse reactions. Educators shall complete columns applicable when medication is given during program hours. This shall be reviewed with parent/guardian the same day that the medication was administered with any concerns/follow up indicated in the Family Contact Log and as noted in the child's asthma or individualized health care plan.
- d. Parent/Guardian is to write in the Medication Chart at the facility the last time the medication was given to the child within the past 24 hours prior to the school day as applicable. Educator will reference the Medication Chart when determining when next dose is to be given.
- e. The medication/treatment will only be given as **prescribed in writing by the physician.**
- f. The parent/guardian will notify the staff if the medication is changed or stopped. If there is any change in medication administration, parents must provide an updated order from a physician or authorized health care provider. The parent/guardian will complete an updated Consent for Medication form.
- g. When the medication is no longer being given, per written physician instruction, the completed medication chart will be given to the designated health staff and filed in the child's health file. Educators will **return the unused medication to the parent/guardian.** (Note: if parent/guardian does not pick up the medication, the medication should be given to the designated health staff to return to the Grantee who will follow SCOE's medication disposal guidelines.)
- h. All medication should be returned to the parent/guardian at the end of the day or if the parent has a prescription for home use, the facility may keep the medication for the season.
- i. All medications will be labeled and stored, under lock and key (**Note: Epi-pens should be stored unlocked due to the emergency nature of the medication**), out of the reach of children, and refrigerated if necessary. All medication shall have an unaltered label, with child's name, prescription date, expiration date, name of medication, administration dosage, time and method, name of doctor, pharmacy name, and pharmacy or doctor's phone number. Medication will **not** be stored with food or cleaning supplies.
- j. **Over the Counter** medications can only be given by Educators when it is in its original packaging and must have written physician instructions that include dose amount, frequency, and physician's signature. (This includes any lotions such as sunscreen and diaper cream). Head Start nurse will determine based on reason for OTC medication, if an Individualize Health Care Plan needs to be implemented (e.g.: fever reducer for febrile seizures).
- k. Staff and volunteers shall have access to a locked medication box that is in a

location out of the reach of children to store personal medications as needed. This must be separate from Head Start Children's medication and dosage instructions. All medication will be inaccessible to any other staff, volunteers, and visitors.

- l. Designated Health Staff shall review child medications/orders to identify medications that can be classified as controlled substances, per the Controlled Substance Act of 1970 (title 21 of United States Code "USC") and consult with prescribing physician to determine if a medication substitution can be safely made. If not, designated health staff will complete an Individual Health Care Plan (IHCP) and medication storage/reconciliation that will be reviewed and approved by Health Services Director, Site Supervisor and Physician.
- m. Children that are identified as having medical conditions that require medication at the facility, but do not have the medication and/or appropriate documentation from physician, can be enrolled in the program without medication, if a Temporary Health Care Plan is initiated between the program and parent/guardian. (Note: this is a temporary plan that is to be utilized to allow the child to enroll, but staff will continue to work with the family to ensure the medications with appropriate documentation/physician instruction are brought to the facility as soon as possible.)

**Supervised by:** Director of Health Services

**Performed by:** Designated Health Staff/ Educators

**Forms needed:** Consent for Medication, Medication Chart, Staff Training Sign in Sheets, Contact Log, Individualized Health Care Plan, Child Asthma Plan, Consent/Verification for Nebulizer Care (LIC 9166)

**Frequency:** As needed