# Intent Statement

The intent of this policy is to ensure that children who require medication are given it safely and correctly at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (NAME OF FACILITY). The types of medication this policy addresses includes medication that is administered on a specific schedule, when symptoms occur, or in an emergency.

# Background

Medications can be crucial to the health and wellness of children. According to the National Center on Early Childhood Quality Assurance, an increasing number of children, who are not acutely ill, often take medication so they can attend a child care program. Administering medication requires adequate training, clear instructions, and assurance of understanding to ensure safety. Early childhood educators can reduce the risk of error that could cause harm to a child by following the six rights of medication administration: right child, right medication, right dosage, right time/frequency, right route (oral, topical, injection, etc.), and right documentation.

North Carolina General Statute 110-102.1.A requires written authorization by a child’s parent or guardian for the administration of all prescription or over the counter medication. Written authorization shall include the child's name and dates for which the authorization is applicable, dosage instructions, and signature of the child's parent or guardian.

North Carolina Child Care Rules 10A NCAC 09 .0803 and .1720 require that no prescription or over-the-counter medication or topical, non-medical ointment, repellent, lotion, cream, fluoridated toothpaste, or powder shall be administered to any child:

* without written authorization from the child's parent;
* without written instructions from the child's parent, physician or other health professional;
* in any manner not authorized by the child's parent, physician or other health professional;
* after its expiration date;
* for non-medical reasons, such as to induce sleep; or
* with a known allergy to the medication

This policy is consistent with North Carolina Child Care Regulations.

Definitions:

* **Prescription medications:** medications that require an order from a health care professional and are filled at a pharmacy.
* **Over the counter medications (OTC):** medications that are available without a prescription.
* **Scheduled medications:** medications that are given at specific times, not as a response to the child’s symptoms.
* **As-needed medications:** Medications that are given when a child has a certain symptom, with minimum time intervals between doses.
* **Emergency medications:** medications that take effect within minutes and that are given when a child has certain symptoms that are a medical emergency.
* **OTC topical medications:** Non-prescription ointments, gels, lotions, creams, and powders such as sunscreen, diapering creams, baby lotion, and baby powder, topical teething products, fluoridated toothpaste, or insect repellents.

# Procedure/Practice

Training

Listed below are the early educators at our facility who have successfully completed both of the following training components of the NC Child Care Health and Safety Resource Center’s Administration of Medications in Child Care Course for Early Educators course:

* Part 1: Overview of Medications in Child Care (1 hour, in-person)
* Part 2: Administration of Medication in Child Care (2.5 hours, in-person)

At least one of the following individuals who is trained in the administration of medication is always present during our facility’s operating hours (NAMES OR TITLES OF TRAINED EARLY EDUCATORS):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medications are administered according to the procedure outlined

* in the NC Child Care Health and Safety Resource Center’s **Administering Medication in Child Care** training,
* on the accompanying poster, available at [www.healthychildcarenc.org/?page=posters](http://www.healthychildcarenc.org/?page=posters)
* on the **Checklist for Administering Medication**, available at the Division of Child Development and Early Education’s website: [www.ncchildcare.nc.gov//pdf\_forms/Medication\_Administration\_Checklist.pdf](https://www.ncchildcare.nc.gov//pdf_forms/Medication_Administration_Checklist.pdf)

Medication is administered at our facility only when there is a medical need for it to be given during child care hours (except for OTC topical medications). When appropriate, parents/legal guardians may administer medication to their own child on location while the child is in care. Whenever possible, the first dose of medication should be given at home to see if the child has a reaction.

Our facility will never administer medication:

* for non-medical reasons
* if the child has a known allergy to the medication
* if the permission form has expired
* if the prescription or medication label does not match the permission form
* if the instructions are unclear or incomplete
* without the proper measuring tool
* if the medication has expired
* without proper training
* if it is a homemade mixture or folk remedy

Receiving Medications

When receiving medication \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(NAME OR TITLE OF RESPONSIBLE PERSON) will check the following items with the parent/guardian:

* Permission form is completed and signed.
* Instructions on how to administer and reason for giving medication is clear and understandable.
* The child has received at least one dose of medication at home without reactions or side effects.
* The medication is in its original container, with prescription label, if applicable.
* The child’s name is on the medication container.
* The information on the medication container or prescription label matches what is on permission form.
* Medication has not expired.
* If OTC manufacturer’s instructions include consultation with a health care professional for dose or administration instructions, signed and dated written dosage instructions from the child’s health care professional is required.
* 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 by the child’s health care professional.

When questions arise concerning whether any medication should be administered to a child, the early educator may decline to administer that medication without signed, written dosage instructions from a licensed physician or authorized health professional.

Handling and Storage

* Medications including prescription and non-prescription items are stored in a locked cabinet or other locked container. Medication will not be stored above food. They are stored in the following location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Designated emergency medications (epinephrine, glucagon, diazepam and albuterol inhalers) are stored out of reach of children, five feet off the floor but unlocked and easily accessible in case of an emergency. Emergency medications are stored in the following location in each classroom and identified in the following way: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(Example: hanging near the door to the playground, in a red fanny pack)*
* Non-prescription OTC topical medications shall be kept out of reach of children when not in use. They are not required to be in locked storage. They are stored in the following location in each classroom:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* All medication are stored at the temperature recommended by the label.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(NAME OR TITLE OF RESPONSIBLE PERSON) is responsible for ensuring all medications are stored properly.

Written Parental Authorization

* Our facility requires instruction from a licensed health care professional and written consent from the child’s parent/legal guardian to administer medication (except for OTC topical ointments). The health professional must specify, in writing, the medical reason for the medication, name of the medication, dose, route, time to be given, how long the medication is required, and potential reactions or side effects that might occur.

Medication is administered only if the parent or legal guardian has provided written, signed, and dated authorization using either the Medication Administration Permission form or Medication Administration for Topical Ointments form located on the Division of Child Development and Early Education website. The authorization must include:

* child’s first and last name
* name of medication
* time the medication should be given and how often
* the symptoms or circumstances for when to administer the medication
* how much to be given
* manner in which the medication shall be administered (oral, topical, injection)
* medical conditions or possible allergic reactions
* length of time the authorization is valid, if less than six months

The written parental authorization is kept in the child’s file. A copy of the written parental authorization along with the Medication Administration Record is available in the child’s classroom, kept with the medication, and a copy is placed in the facility’s Ready-to-Go file. The completed Medication Administration Record is returned to the child’s file for retention.

Our facility \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (DOES or DOES NOT) accept standing authorizations to administer a single weight-appropriate dose of acetaminophen which is provided by the facility to a child in the extreme emergency event he/she has a fever of more than \_\_\_\_\_\_\_\_\_\_\_\_\_\_ and none of the child’s emergency contacts can be reached.

Our facility \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (DOES or DOES NOT) accept standing authorizations to administer an over the counter medication as directed by the North Carolina State Health Director or designee to a child in the event there is a public health emergency (such as a communicable disease outbreak, nuclear incident chemical fire, act of terrorism, or natural disaster such as a hurricane or flood).

The length of time a written parental authorization is valid is as followed.

|  |  |
| --- | --- |
| Type of medication | Permission valid for |
| Prescription medication | Dates medication is prescribed to be given |
| Over the counter (OTC) medication | 30 days |
| Prescription or OTC medications for chronic medical conditions or allergic reactions | 6 months |
| OTC topical ointments, topical teething ointment or gel, insect repellents, lotions, creams, fluoridated toothpaste, and powders | 12 months |
| Single, weight-appropriate dose of acetaminophen if child has fever and parent/guardian cannot be reached | Date authorization ends or is withdrawn by parent/guardian |
| Over-the-counter medication to be given as directed by the North Carolina State Health Director or designee, when there is a public health emergency.  | Date authorization ends or is withdrawn by parent/guardian |
| Authorization withdrawn - Parent /guardian must give written notice to withdraw authorization to administer a specific medication. |

**Exception to the requirement for parental authorization.** An early educator (or designated person that administers medications) may administer medication to a child without parental authorization in the event of an emergency medical condition when the child's parent is unavailable. The medication is administered with the authorization and in accordance with instructions from a bona fide medical care provider.

* Our facility requires instruction from a licensed health care professional and written consent from the child’s parent/legal guardian to administer medication (except for OTC topical ointments). The health professional must specify, in writing, the medical reason for the medication, name of the medication, dose, route, time to be given, how long the medication is required, and potential reactions or side effects that might occur.

Medical Action Plan

Any child with health care needs such as allergies, asthma or other chronic conditions that require specialized health services has a **medical action plan**. The medical action plan is attached to the child’s application for enrollment. Copies are kept with the emergency medication in the child’s classroom and kept with the facility’s Ready-to-Go file. The plan is completed and signed by the child’s health care professional and parent/guardian and updated annually.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(NAME OR TITLE OF PERSON RESPONSIBLE) is responsible for ensuring that all medical action plans are updated.

* Our facility follows the best practice recommendation that the medical action plan be updated after every hospitalization or significant change in health status of the child.

Sample medical action plans can be downloaded from the Provider Documents on the Division of Child Development and Early Education’s website: <https://www.ncchildcare.nc.gov//providers/pv_provideforms.asp>

Medication Administration Record

* A medication administration record is maintained to record any time prescription or over-the-counter medication is administered by facility personnel.
* The child’s name, date, time, amount and type of medication given, and the name and signature of the person administering the medication is recorded for each administration.
* Only one medication is listed on each form.
* Spills, reactions to the medication, and refusal to take medication are noted on this record.

*Exception:* No documentation is required for non-prescription OTC topical medications

Medication Error

A medication error is defined as giving medication to the wrong child, giving the wrong medication, giving the medication at the wrong time or date, giving the wrong dose or by the wrong route or giving medication without the required documentation. When an error in giving a medication occurs, we will contact the Carolinas Poison Control Center at **1-800-222-1222** immediately and seek medical advice as recommended.

The early educator who has responsibility for the child at the time of the error will:

1. Stay with the child and observe for reactions and side effects.
2. Call 911 in accordance with CPR and First Aid training recommendations and if the following occur:
	1. swelling of the face, tongue, or lips; drooling
	2. difficulty swallowing or breathing
	3. rapidly spreading hives/rash
	4. blueish skin color
	5. seizures
	6. loss of consciousness
	7. anything that seems to get worse quickly or makes us uncomfortable
3. Inform director, owner or operator and parents/legal guardians immediately.
4. If an error occurs, it is documented on the Medication Error Report. This report is kept in the child’s file. [www.ncchildcare.nc.gov//pdf\_forms/Medication\_Administration\_Error\_Report.pdf](http://www.ncchildcare.nc.gov//pdf_forms/Medication_Administration_Error_Report.pdf) Information includes:
	1. the child’s name and date of birth
	2. the type and dosage of medication administered
	3. the name of the person who administered the medication
	4. the date and time of the error
	5. the signature of the child care administrator, the parent/guardian and the staff member who administered the medication
	6. the actions taken by the facility following the error and
	7. the actions are taken by the program to prevent a future error
5. Complete an Incident Report ([www.ncchildcare.nc.gov//pdf\_forms/DCDEE-0058.pdf](http://www.ncchildcare.nc.gov//pdf_forms/DCDEE-0058.pdf)) and enter it into Incident Report Log.
6. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (NAME OR TITLE OF RESPONSIBLE PERSON) is responsible for contacting the Division of Child Development and Early Education (DCDEE) Child Care Consultant within seven calendar days if medical treatment is required by a health care professional, community clinic or local health department as a result of an incident occurring while the child is in care.

Record Retention

Records regarding medication administration are maintained

* in paper format
* in an electronic format which preserves all required signatures

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| --- | --- |
| Type of record | Length of time records are retained |
| Record of administration of medication | During the time period the medication is being administered, and for six months after administration |
| Child Medical Action Plan | For as long as child is enrolled and for 1 year after the child is no longer enrolled. |
| Parental Permission for Administration of Medication | For as long as child is enrolled and for 1 year after the child is no longer enrolled. |
| Medication Error Report / Incident Report | For as long as child is enrolled and for 1 year after the child is no longer enrolled. |

Disposal or Return of Medication

Medication that is expired, is remaining after treatment is complete, or if the parental authorization expired or is withdrawn is returned to the parent within 72 hours or discarded. Medications are discarded by being taking to a drug take-back location located at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
*Find your take-back location here*: <https://apps.ncdoi.net/f?p=102:24:::NO:::>

If discarded, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(NAME OR TITLE OF RESPONSIBLE PERSON) will witness and sign that medication was discarded and how it was discarded on the Medication Authorization form.

# References

* Chapter 110 of the North Carolina General Statutes, Child Care Facilities: [ncchildcare.nc.gov//PDF\_forms/Chapter\_110\_General\_Statutes\_Child\_Care\_Facilities\_06-16-Eng.pdf](https://www.ncchildcare.nc.gov/PDF_forms/Chapter_110_General_Statutes_Child_Care_Facilities_06-16-Eng.pdf)
* Chapter 9 – Child Care Rules – 10A NCAC 09 .0801, .0803, .1102, .1703, .1720 [ncchildcare.nc.gov/PDF\_forms/rule\_changes\_effective\_OCT1\_2017.pdf](http://ncchildcare.nc.gov/PDF_forms/rule_changes_effective_OCT1_2017.pdf)
* Rules Governing the Sanitation of Child Care Centers – 15A NCAC 18A .2800

[ehs.ncpublichealth.com/docs/rules/294306-10-2800.pdf](http://ehs.ncpublichealth.com/docs/rules/294306-10-2800.pdf)

* Caring for Our Children, 3rd edition, National Resource Center for Health and Safety in Child Care and Early Education: [cfoc.nrckids.org/](http://cfoc.nrckids.org/StandardView.cfm?StdNum=7.2.0.1)
* Model Child Care Health Policies, 5th edition, American Academy of Pediatrics: <http://www.ecels-healthychildcarepa.org/publications/manuals-pamphlets-policies/item/248-model-child-care-health-policies.html>
* CCDF Health and Safety Requirements Brief #2, National Center on Early Childhood Quality Assurance: [childcareta.acf.hhs.gov/sites/default/files/public/administering\_medication\_health\_safety\_brief.pdf](https://childcareta.acf.hhs.gov/sites/default/files/public/administering_medication_health_safety_brief.pdf)

**Application**

This policy applies to children, their families, operators, early educators, substitute providers, and uncompensated providers.

**Communication**

Staff\*

* Within 30 days of adopting this policy, the child care facility shall review the policy with all staff who provide care for children
* All current staff members and newly hired staff are trained in the **Administration of Medication** before providing care for children
* Staff will sign an acknowledgement form that includes the individual's name, the date the center's policy was given and explained to the individual, the individual's signature, and the date the individual signed the acknowledgment
* The child care facility shall keep the signed **Medication Administration acknowledgement form** in the staff member’s file

Parents/Guardians

* Within 30 days of adopting this policy, the child care facility shall review the policy with parents/guardians of currently enrolled children
* A copy of the policy is given and explained to the parents/guardians of newly enrolled children on or before the first day the child receives care at the facility
* Parents/guardians will sign an acknowledgement form that includes the child’s name, date the child first attended the facility, date the operator’s policy was given and explained to the parent, parent’s name, parent’s signature, and the date the parent signed the acknowledgement
* The child care facility shall keep the signed **Medication Administration acknowledgement form** in the child’s file

**\*** For purposes of this policy, "staff" includes the operator and other administration staff who may be counted in ratio, additional caregivers, substitute providers, and uncompensated providers.

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| Effective Date |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| This policy was reviewed and approved by: |  |  |  |  |
|  | Owner/Director (recommended) |  | Date |
|  |  |  |  |  |  |  |
| DCDEE Child Care Consultant (recommended) |  | Date |  | Child Care Health Consultant (recommended)  |  | Date |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |
| Annual Review Dates |

# Parent or guardian acknowledgement form

I, the parent or guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (child or children’s name) acknowledge that I have read and received a copy of the facility's Medication Administration Policy.

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| --- | --- | --- |
|  |  |  |
| Date policy given/explained to parent/guardian |  | Date of child's enrollment  |
|  |  |  |
| Print name of parent/guardian |  |  |
|  |  |  |
| Signature of parent/guardian |  | Date |

# Standing Authorization for single-dose acetaminophen

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, (PARENTS NAME) give permission to administer a single weight-appropriate dose of acetaminophen which will be provided by the facility to my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (CHILDS NAME) in the event he/she has a fever of more than \_\_\_\_\_\_\_\_\_\_\_\_\_\_ and none of the child’s emergency contacts can be reached. I understand that this will only be used in the case of an extreme emergency. This authorization is valid until the child is no longer enrolled or until it is withdrawn by me in writing.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Parent’s signature and date authorization is signed*

**Standing Authorization for Over-the-Counter Medications during a Public Health Emergency**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, (PARENTS NAME) give permission to administer an over-the-counter medication as directed by the North Carolina State Health Director or designee to my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (CHILDS NAME) in the event there is a public health emergency (such as a communicable disease outbreak, nuclear incident chemical fire, act of terrorism, or natural disaster such as a hurricane or flood). I understand that this will only be used in the case of an extreme emergency. This authorization is valid until the child is no longer enrolled or until it is withdrawn by me in writing.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Parent’s signature and date authorization is signed*