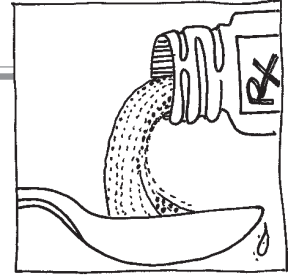




Medications Administration Policy



Some children in your child care setting may need to take medications during the hours you provide care for them. The administration of medicines at the child care facility should be limited to prescribed or nonprescription medication prescribed/recommended by a health care provider for a specific child. Before agreeing to give any medication, whether prescription or over-the-counter (OTC), you should obtain written permission from the parent. Also, check with your local child care licensing agency regarding local regulations on administering medications. If you need to administer medications, they must be given to the right child, in the correct amount (dose), way, and at the right time.

Have a Written Policy

Child care facility should have a written policy for the use of prescription and nonprescription medication. Your medication policy should cover use of any commonly used nonprescription medication. Your health consultant could be helpful in preparing such a policy as it relates to acetaminophen, sunscreen, syrup of ipecac, etc.

Child care providers need to be aware of what medication the child is receiving, who prescribed the medicine and when, and what the known reactions or side effect may be if a child has negative reaction to the medicine.

In the child care setting it is justified to give medications if:

- Dosage cannot be adjusted so that it can be taken before and after child care.
- A child has chronic health conditions (e.g. asthma, diabetes) which may require urgent administration of medicine.
- Refusal to administer the medication would pose a significant hardship, such as requiring the child's absence from child care to recover from an illness when the child is well enough to attend child care (e.g. ear infection after the first day or so).

Medications Which Can Be Given Safely

The administration of medications at the child care program shall be limited to:

1. Prescribed medications ordered by a health care provider for a specific child and a specific illness
2. Nonprescription medications recommended by a health care provider for a specific child, with written permission of the parent or legal guardian, referencing a written or telephone instruction received by the child care program from the health care provider
3. Medications which responsible staff have been trained to administer including oral, topical, nasal, ear and eye
4. Medications which bear their original prescription label or a manufacturer's label and which are provided in safety lock containers, transported safely with regard to temperature, light and other physical storage requirements
5. Medications for which all the criteria on the program's approval form have been met

Medication Which You Can Accept to Administer

Make sure that any prescribed medication parents may give you meets the following criteria:

- The first and last name of the child are on the container.
- The medication has been prescribed by a licensed health professional. Check to see that the name and phone number of the health professional who ordered the medication are on the container.
- The medication is in the original package or container.
- The container shows the date the prescription was filled.
- The container has an expiration date.
- The container has specific instructions for administering, storing and disposing of the medication.
- The container is childproof.
- The medication is for the current episode of illness.

All medications, refrigerated or unrefrigerated, shall:

- Have child-protective caps.
- Be kept in an orderly fashion.
- Be stored away from food.
- Be stored at the proper temperature.
- Be inaccessible to children.
- Not be used beyond the date of expiration.
- Be given only for the purpose identified in the label/prescription.
- Be clearly labeled with the child's name.

Who Should Be the Person Responsible for Administering Medication?

Someone who:

- Has designated time for administering medications
- Has been trained to administer the type of medication as required by protocol of the local health consultant
- Will assure safe storage and disposal of medication
- Has access to locations where medication is stored and administration records are kept
- Knows the children to whom the medication is to be given
- Knows about the potential reactions to the medications to be administered, and how to respond to such reactions
- Knows when and how to contact parents, pharmacists or health providers to clarify the need and instructions for administration of medication in child care

Which Records Should Be Maintained?

A medication record maintained on an ongoing basis by designated staff shall include the following:

1. Specific, signed parental consent for the caregiver to administer the specific medication
2. Prescription by a health care provider, if required
3. Administration log listing names, dates, time, dose and medication names
4. Checklist of information on medication brought to the setting by the parents

Handout #20

Remember These Five “Rights” When You Give Medicines:

The right **CHILD**

The right **MEDICINE**

The right **DOSE**

The right **ROUTE** (by mouth, or on skin, etc.)

The right **TIME**

Rational Use of Antibiotics

Antibiotics are powerful drugs that kill bacteria that cause disease. If a child in your care has a bacterial infection, his/her health care provider may prescribe a specific type of antibiotic for a specific period of time.

Antibiotic resistance is a growing concern and a major public health problem. More than 235 million doses of antibiotics are prescribed annually in the US of which 20 to 50 percent are unnecessarily prescribed. The rise in antibiotic resistance prolongs illness, increases illness rates and results in higher and unnecessary health care costs.

Approximately three-fourths of all outpatient antibiotic prescriptions for children are given for five upper respiratory tract conditions—ear infection, sinusitis, cough illness/bronchitis, sore throat, and nonspecific upper respiratory tract infection or the common cold.

Health care providers report that many parents, often asked by child care providers, try to pressure them into dispensing unnecessary antibiotics. Children treated with an antibiotic are at increased risk of becoming carriers of resistant bacteria. Carriers of a resistant strain who develop illness from that strain are more likely to fail antibiotic therapy. In some conditions, therefore, such as ear infection with fluid, observation without antibiotic therapy is the preferable option, while in other conditions such as the common cold or cough, antibiotic therapy is not indicated.

Child care providers can play a very important role in changing parents’ awareness and understanding regarding the responsible use of antibiotics by having exclusion policies that do not exclude children unnecessarily or until a prescription is obtained.