

## R430-60-17: MEDICATIONS.

- (1) If medications are given, they shall be administered to children only by a provider trained in the administration of medications as specified in this rule.

### Rationale / Explanation

*The purpose of this rule is to avoid harm to children through errors in administering medications. CFOC, 3<sup>rd</sup> Ed. pgs. 143-144 Standard 3.6.3.3*

*If the medication to be administered does not require any special instructions, then annual training in the licensing rules for administering medication qualifies a provider as being “trained in the administration of medications” for the purposes of this rule. If medication requires specialized administration (for example, an EPI pen or a nebulizer), then the person administering the medication must have been trained to administer it by either the child’s parent or a health care professional.*

### Enforcement

*Licensees may request a variance to this rule if parents give written permission for their child to administer their own medication (for example, insulin shots).*

*Level 1 Noncompliance if administration of medication by an untrained caregiver results in harm to a child.*

*Level 3 Noncompliance otherwise.*

- (2) All over-the-counter and prescription medications shall:

- (a) be labeled with the child's full name;
- (b) be kept in the original or pharmacy container;
- (c) have the original label; and,
- (d) have child-safety caps.

### Rationale / Explanation

*The purposes of this rule are to avoid harm to children through errors in administering medications, and to prevent children from getting into and ingesting medications by themselves. CFOC, 3<sup>rd</sup> Ed. pgs. 143-144 Standard 3.6.3.3*

### Enforcement

*If over-the-counter medication is provided for siblings, the medication needs the last name and all of the children's first names.*

*The following are suggestions for labeling small medication, for example a small vial:*

- *Until the medication is used, keep it in the box with the prescription information on it.*
- *Write the name on the bottom of the medication.*
- *Use a clear address label.*
- *Attach a label to a twist tie or zip tie, attach the zip-tie around the neck of the medication.*
- *Keep the vial in a container and label the container.*

*Providers do not have to label medication owned by the Licensee or medication for staff.*

*Always Level 2 Noncompliance.*

- (3) All non-refrigerated medications shall be inaccessible to children and stored in a container or area that is locked, such as a locked room, cupboard, drawer, or a lockbox. The provider shall store all

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refrigerated medications in a leakproof container.

### Rationale / Explanation

*The purpose of this rule is to prevent children from getting into and ingesting medications by themselves, and to prevent contamination of refrigerated food. CFOC, 3<sup>rd</sup> Ed. pgs. 143-144 Standard 3.6.3.3*

### Enforcement

*A nebulizer apparatus that does not have the medication does not have to be inaccessible. If the medication is in the apparatus, it must be inaccessible and locked.*

*A refrigerated vial of medication that cannot be removed from the container except with a hypodermic needle does not need an additional leakproof container.*

*For the purposes of storing medications, "locked" can include a cupboard or drawer that is secured with a child safety lock.*

*Always Level 2 Noncompliance.*

- (4) The provider shall have a written medication permission form completed and signed by the parent prior to administering any over-the-counter or prescription medication to a child.**

### Rationale / Explanation

*The purpose of this rule is to protect both providers and children by ensuring that medication is never given to a child without written parental permission. CFOC, 3<sup>rd</sup> Ed. pgs. 141-142 Standard 3.6.3.1, pg. 391 Standard 9.4.2.6*

*A medication's method of administration means the way the medication is given. Examples are orally (by mouth), topically (applied to the skin), in drops (ears or eyes), or inhaled (through the mouth or nasally).*

### Enforcement

*This rule is out of compliance if a child is given a medication without parental permission.*

*Always Level 1 Noncompliance.*

- (4) The provider shall have a written medication permission form completed and signed by the parent prior to administering any over-the-counter or prescription medication to a child. The permission form must include:**
- (a) the name of the child;**
  - (b) the name of the medication;**
  - (c) written instructions for administration; including:**
    - (i) the dosage;**
    - (ii) the method of administration;**
    - (iii) the times and dates to be administered; and**
    - (iv) the disease or condition being treated; and**
  - (d) the parent signature and the date signed.**

### Rationale / Explanation

*The purpose of this rule is to protect both providers and children by ensuring that medication is never given to a child without written parental permission. CFOC, 3<sup>rd</sup> Ed. pgs. 141-142 Standard 3.6.3.1, pg. 391 Standard 9.4.2.6*

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*A medication's method of administration means the way the medication is given. Examples are orally (by mouth), topically (applied to the skin), in drops (ears or eyes), or inhaled (through the mouth or nasally).*

### **Enforcement**

*This rule is out of compliance if medication is given and there is parental permission, but the permission form does not include all required information.*

*For the purposes of this rule, a parent can leave over-the-counter medication with the provider with an ongoing permission form asking that the medication be given as indicated by the parents.*

*If a medication form includes the required medication permission items and the required medication administration items, both rules will be considered in compliance if all of the required information is somewhere on the form.*

*Always Level 2 Noncompliance.*

- (5) If the provider keeps over-the-counter medication at the center that is not brought in by a parent for their child's use, the medication shall not be administered to any child without prior parental consent for each instance it is given. The consent must be either:**
- (a) prior written consent; or**
  - (b) oral consent for which a provider documents in writing the date and time of the consent, and which the parent or person picking up the child signs upon picking up the child.**

### **Rationale / Explanation**

*The purpose of this rule is to protect both providers and children by ensuring that medication is never given to a child without parental knowledge and permission. CFOC, 3<sup>rd</sup> Ed. pgs. 141-142 Standard 3.6.3.1, pg. 391 Standard 9.4.2.6*

### **Enforcement**

*Always Level 2 Noncompliance.*

- (6) If the provider chooses not to administer medication as instructed by the parent, the provider shall notify the parent of their refusal to administer the medication prior to the time the medication needs to be given.**

### **Rationale / Explanation**

*The purpose for this rule is so that parents do not drop a child off at the center thinking their child will be given medication as requested, if the child will in fact not be given the medication.*

### **Enforcement**

*Level 1 Noncompliance if the condition being treated could be life threatening.*

*Level 2 Noncompliance otherwise.*

- (7) When administering medication, the provider administering the medication shall:**
- (a) wash their hands;**
  - (b) check the medication label to confirm the child's name;**
  - (c) compare the instructions on the parent release form with the directions on the prescription label or product package to ensure that a child is not given a dosage larger than that**

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- recommended by the health care provider or the manufacturer;  
(d) administer the medication; and

### Rationale / Explanation

*The purpose of this rule is to avoid harm to children by ensuring that medications are properly administered. CFOC, 3<sup>rd</sup> Ed. pgs. 143-144 Standard 3.6.3.3*

### Enforcement

*Hand sanitizers may be used to meet the hand washing requirements for adults and children age 2 and older without visibly dirty hands.*

*Level 1 Noncompliance if the provider does not follow (c) and this results in harm to a child.*

*Level 2 Noncompliance otherwise.*

- (7) When administering medication, the provider administering the medication shall:

- (e) immediately record the following information:
- (i) the date, time, and dosage of the medication given;
  - (ii) the signature or initials of the provider who administered the medication; and,
  - (iii) any errors in administration or adverse reactions.

### Rationale / Explanation

*The purpose of this rule is to avoid harm to children by ensuring that medications are properly administered. CFOC, 3<sup>rd</sup> Ed. pgs. 143-144 Standard 3.6.3.3*

### Enforcement

*If a medication form includes the required medication permission items and the required medication administration items, both rules will be considered in compliance if all of the required information is somewhere on the form.*

*Level 2 Noncompliance if failure to record the administration of medication results in a child being given an extra dose of a medication or missing a needed dose of medication.*

*Level 3 Noncompliance otherwise.*

- (8) The provider shall report any adverse reaction to a medication or error in administration to the parent immediately upon recognizing the error or reaction, or after notifying emergency personnel if the reaction is life threatening.

### Rationale / Explanation

*The purpose of this rule is to avoid additional harm to children by ensuring that any adverse medication reaction or administration error is dealt with immediately, including by emergency personnel if needed. CFOC, 3<sup>rd</sup> Ed. pgs. 143-144 Standard 3.6.3.3*

### Enforcement

*Always Level 1 Noncompliance.*