

R430-90-17 and R430-50-17: MEDICATIONS

Purpose

This section provides rules and information about storing and administering medication to children in care.

General Information

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, 3rd Ed. pgs. 143-144 Standard 3.6.3.3*

Licensed Family 90-17:

- (1) Only a provider trained in the administration of medications as specified in this rule may administer medication to a child in care.

Rationale / Explanation

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

Enforcement

Always Level 3 Noncompliance.

Licensed Family 90-17:

- (2) All over-the-counter and prescription medications shall:
 - (a) be labeled with the child's name;
 - (b) be kept in the original or pharmacy container;
 - (c) have the original label; and,
 - (d) have child-safety caps.

Residential Certificate 50-17:

- (1) All over-the-counter and prescription medications shall:
 - (a) be labeled with the child's 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, 3rd Ed. pgs. 143-144 Standard 3.6.3.3*

Enforcement

Level 2 Noncompliance for (a).

Level 3 Noncompliance otherwise.

Assessment

When a child safety cap is not available, such as for herbal supplements, ear drops, nasal spray, throat spray, and prescription lotions, the medication will not be considered out of compliance as long as all the other rules regarding medications are followed.

If providers choose to put medications in Zip-lock bags they may label the bag or the medication. All other medication rules must be followed.

If the provider chooses to attach the medication permission form to the Zip-lock bag and the form has the child's full name, the medication will be considered labeled.

Licensed Family 90-17:

- (3) The licensee shall ensure that all non-refrigerated over-the-counter and prescription medication is inaccessible to children. The licensee shall ensure that all refrigerated over-the-counter and prescription medication is placed in a waterproof container to avoid contamination between food and medication.

Residential Certificate 50-17:

- (2) The certificate holder shall ensure that all non-refrigerated over-the-counter and prescription medication is inaccessible to children. The certificate holder shall ensure that all refrigerated over-the-counter and prescription medication is placed in a waterproof container to avoid contamination between food and medication.

Rationale / Explanation

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

Enforcement

Always Level 2 Noncompliance.

Assessment

For the purposes of storing refrigerated medications, "a waterproof container" can be a closed zip lock bag.

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

Liquid medication stored in refrigerators, whether or not refrigeration is required, must be in leak-proof containers. A container that does not have a lid, such as a drawer in a refrigerator, can be considered a leak-proof container if there is nothing in the container except medications; all four sides of the container are taller than the medication being stored there; and there are no cracks in the container.

The following are considered over the counter medications:

Airbourne	herbal tea concentrates	pain relief sprays (i.e. Dermoplast)
antacids	lpecac syrup	topical painkillers (i.e. Icy hot and Bengay)
cough and throat lozenges	laxatives	vapor rubs (i.e. Vicks)
dietary supplements	melt-away thin strip medications	
energy shot drinks, 2 oz bottles	nasal sprays or drops (non-saline)	

The following **are not** considered over the counter medications:

acne cream (i.e. ProActive)	glycerin suppositories	skin treatment patches (i.e. Dr. Scholl's)
antibiotic ointment (i.e. Neosporin)	liquid bandage products	weight loss drinks
eye wash	protein powders	witch hazel
energy drinks (i.e. Red Bull)	relaxation drinks (i.e. Chillax)	

If medication is stored in a backpack, fanny pack, etc. worn by a caregiver it will be considered inaccessible to children and will not be required to be locked.

Licensed Family 90-17:

- (4) The licensee shall have a written medication permission form completed and signed by the parent prior to the administering of any over-the-counter or prescription medication brought in by a parent for his or her child.

Residential Certificate 50-17:

- (3) The certificate holder shall have a written medication permission form completed and signed by the parent prior to the administering of any over-the-counter or prescription medication brought in by a parent for his or her 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, 3rd 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. Methods of administration include orally (by mouth), topically (applied to the skin), in drops (ears or eyes), or inhaled (through the mouth or nasally).

[Enforcement](#)

Always Level 1 Noncompliance.

[Assessment](#)

A finding to this rule is issued when a child is given a medication without parental permission.

Licensed Family 90-17:

- (4) The licensee shall have a written medication permission form completed and signed by the parent prior to the administering of any over-the-counter or prescription medication brought in by a parent for his or her 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's signature and the date signed.

Residential Certificate 50-17:

- (3) The certificate holder shall have a written medication permission form completed and signed by the parent prior to the administering of any over-the-counter or prescription medication brought in by a parent for his or her 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's 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, 3rd 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. Methods of administration include orally (by mouth), topically (applied to the skin), in drops (ears or eyes), or inhaled (through the mouth or nasally).

Enforcement

Always Level 2 Noncompliance.

Assessment

A finding to this rule is issued when 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 the Licensee/Certificate Holder has one medication form that includes both the medication permission items required in this rule and the medication administration items required in 90-17(6)(f) or 50-17(5)(f), the Licensee/Certificate Holder will be considered in compliance with both rules if all of the required information from 90-17(4) or 50-17(3) and 90-17(6)(f) or 50-17(5)(f) is somewhere on the form.

Although it is not recommended, providers may put medication in a food source, such as crush pills and put them in juice or applesauce.

Licensed Family 90-17:

- (5) If the licensee keeps over-the-counter medication that is not brought in by a parent for his or her 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 signs upon picking up the child.

Residential Certificate 50-17:

- (4) If the certificate holder keeps over-the-counter medication that is not brought in by a parent for his or her 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 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, 3rd Ed. pgs. 141-142 Standard 3.6.3.1, pg. 391 Standard 9.4.2.6*

Enforcement

Always Level 2 Noncompliance.

Licensed Family 90-17:

- (6) When administering medication, the person administering the medication shall:
- (a) wash his or her hands;
 - (b) if the parent supplies the medication, check the medication label to confirm the child's name;
 - (c) if the parent supplies the medication, 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 recommended by the health care provider or the manufacturer;
 - (d) if the licensee supplies the medication, check the product package to ensure that a child is not given a dosage larger than that recommended by the manufacturer;
 - (e) administer the medication; and

Residential Certificate 50-17:

- (5) When administering medication, the person administering the medication shall:
- (a) wash his or her hands;
 - (b) if the parent supplies the medication, check the medication label to confirm the child's name;
 - (c) if the parent supplies the medication, 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 recommended by the health care provider or the manufacturer;
 - (d) if the certificate holder supplies the medication, check the product package to ensure that a child is not given a dosage larger than that recommended by the manufacturer;
 - (e) 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, 3rd Ed. pgs. 143-144 Standard 3.6.3.3*

Enforcement

Level 1 Noncompliance if a child is given the wrong medication.

Level 2 Noncompliance otherwise.

Assessment

If the Licensee/Certificate Holder has one medication form that includes both the medication permission items required in this rule and the medication administration items required in 90-17(6)(f) or 50-17(5)(f), the Licensee/Certificate Holder will be considered in compliance with both rules if all of the required information from 90-17(4) or 50-17(3) and 90-17(6)(f) or 50-17(5)(f) is somewhere on the form.

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

Licensed Family 90-17:

- (6) When administering medication, the person administering the medication shall:
- (f) 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.

Residential Certificate 50-17:

- (5) When administering medication, the person administering the medication shall:
- (f) 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, 3rd Ed. pgs. 143-144 Standard 3.6.3.3

Enforcement

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.

Assessment

If the Licensee/Certificate Holder has one medication form that includes both the medication permission items required in this rule and the medication administration items required in 90-17(6)(f) or 50-17(5)(f), the Licensee/Certificate Holder will be considered in compliance with both rules if all of the required information from 90-17(4) or 50-17(3) and 90-17(6)(f) or 50-17(5)(f) is somewhere on the form.

Licensed Family 90-17:

- (7) The licensee shall ensure that any adverse reaction to a medication or any error in administration is reported to the parent immediately upon recognizing the error or reaction, or after notifying emergency personnel if the reaction is life threatening.

Residential Certificate 50-17:

- (6) The certificate holder shall ensure that any adverse reaction to a medication or any error in administration is reported 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. CFCO, 3rd Ed. pgs. 143- 144 Standard 3.6.3.3

Enforcement

Always Level 1 Noncompliance.